



DAKOTA WESLEYAN UNIVERSITY

Registration for Academic Credit – Field Work Experience 275 or Internship 450

Student Information

Last Name _____ First Name _____ M.I. _____ ID# _____
 Address (during work experience) _____
 City _____ State _____ Zip _____ Phone _____
 Campus Address _____ Campus Phone _____ Campus Box _____
 Email _____ Date of Graduation _____
 Major _____ Academic Adviser _____ GPA _____
 Faculty Internship Coordinator/Instructor of Record _____

Credit Registration Information

I am applying for (check option): Semester: Fall 20 _____ Spring 20 _____ Summer 20 _____

Field Work Experience 275

1 Credit 2 Credits

Internship 450

1 Credit 2 Credits 3 Credits
 4 Credits 5 Credits 6 Credits
 7 Credits 8 Credits 9 Credits
 10 Credits 11 Credits 12 Credits

A minimum of 40 hours of work experience is required for each credit hour earned. A maximum of 2 academic credits may be awarded to Field Work Experience 275 and 12 academic credits may be awarded to an Internship 450. A maximum total of 14 credits may be earned between Field Work Experience 275 and Internship 450.

Site Information

Name of Organization _____
 Address _____
 City _____ State _____ Zip _____
 Supervisor _____ Title _____
 Phone _____ Fax _____ Email _____
 Website www. _____
 Your Position Title _____ How much will you be paid per hour? \$ _____
 Hours/Week _____ Start Date _____ End Date _____ Total Weeks _____

Approval

(By signing below the student affirms, and agrees to, the guidelines and policies on the back of this form.)

Student _____ Date _____
 Faculty Coordinator _____ Date _____
 Director of Internships _____ Date _____



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Field Work Experience 275 and Internship 450 Guidelines and Policies

1. A maximum of 14 credits can be earned toward my graduation requirements via experiential education options (Field Work Experience 275 and Internship 450). These credits are general elective credits and may not apply toward major requirements unless approved in advance by the academic department. I must submit the appropriate registration forms for these credits prior to the start of the field work experience or internship.
2. Field work experiences and internships should be experiences that relate significantly to my academic program and/or career goals as determined and approved by the academic department granting credit.
3. I understand that all academic evaluation and grading will be the responsibility of the faculty coordinator.
4. I understand that field work experiences and/or internships are subject to the academic policies established by Dakota Wesleyan University as interpreted by the Academic Dean's Office and the Office of the Registrar.
5. I will pay tuition in accordance with the college's schedule of semester or summer session fees for any credits earned through a field work experience and/or internship arrangement.
6. To be eligible for a field work experience and/or internship, I must have at least a 2.0 grade point average and obtain the approval of the academic department granting credit.
7. I understand that permissible work absences include illness or serious circumstances. I will be responsible to notify the site supervisor and my faculty coordinator in case of absence.
8. Any changes in my status must be reported immediately to my faculty coordinator.
9. I am responsible to behave in a professional manner and to hold in professional confidence any information gained regarding the site sponsor.
10. If I feel victimized by a work-related incident (e.g. job misrepresentation, unethical activities, sexual harassment, discrimination, etc.), I should immediately contact my faculty coordinator.
11. I must complete the field work experience and/or internship as outlined in my Learning Plan except in severe and justifiable circumstances as determined by the faculty coordinator in consultation with the cooperating site sponsor. A dishonorable dismissal will nullify the field work experience and/or internship arrangement at the risk of academic penalty and loss of tuition.
12. I am aware of all applicable personal medical needs and have consulted with a medical doctor with regard to them. I have secured health insurance coverage to meet any and all needs for payment of medical costs (including those incurred outside the United States) while I participate in the Field Work Experience 275 and/or Internship 450. I assume all risk and responsibility for my medical or medication needs and the cost thereof.
13. There are no physical or mental health-related reasons, or problems, which preclude or restrict my participation in a field work experience and/or internship. I assume full responsibility for any undisclosed physical, mental or emotional problems that might impair my ability to complete the field work experience and/or internship.
14. I understand that my faculty coordinator may take any actions he/she considers to be warranted under the circumstances to protect my health and safety and/or to guard the integrity of the field work experience and/or internship, including termination.