

Undergraduate Internship Contract

REG

Initials _____
Term _____

Complete the Following

Student Name: _____ USC ID: _____

Phone: _____ Email: _____

Major: _____

Course Information

Term: _____ Fall _____ Spring _____ Summer Year: _____ Credit Hours: _____

Subject Code: _____ Course Number: _____ Section Number: _____ CRN: _____

Instructor Name: _____ USC ID: _____

Internship Details

Location and On-Site Supervisor Name/Phone Number:

Description of Internship (Conditions, Duties, Hours, Etc.):

Objectives (What new skills and/or information will the student acquire?):

Textbooks, Readings, or Other Resources to be Used:

Method of Evaluation:

Approval Signatures

I understand that completion of this form does not constitute registration, and that I must register for this course in the usual manner. Student is to submit completed copy to the Office of the University Registrar to complete registration.

Student Signature: _____

Date: _____

Instructor Signature: _____

Date: _____

Department Chair Signature: _____

Date: _____

Advisor Signature: _____

Date: _____

Academic Dean Signature: _____

Date: _____

Office of the University Registrar

Columbia, SC 29208 | P 803-777-5555 | registrar@sc.edu



UNIVERSITY OF
South Carolina