WASHINGTON COLLEGE
EST. 1782

Office of the Assistant Dean
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EXTERNSHIP / JOB SHADOWING REPORTING FORM

Students may use this form to report completion of an externship or job shadowing experience to the College. This information will be used for internal tracking purposes and will become part of the student's education records maintained by the Registrar's Office.

Instructions:

1. Complete and submit this form to the Assistant Dean for Academic Initiatives, who will send a copy to the Registrar.
2. Students who have completed multiple externships must provide a separate form for each experience.

A. Student Information

Last Name	First Name	MI	Washington College ID#
			/ /
Degree Program / Major	Start Term	Current Class Year	Date of Birth (mm/dd/yy)
Email Address	Telephone Number		Campus Box #

B. Organization and Course Information

Organizational Name	Organizational Address	
Host Name	Host Title	Industry/Field
		❑ WC Alumna/Alumnus
Email Address	Telephone Number	❑ WC Parent
		❑ Friend of the College
		❑ None of these
Start Date of Externship	End Date of Externship	Host's Connection to WC

C. Externship Information

Was the internship supported by a Washington College funding source? ❑ Yes ❑ No Award Amount: _____

Purpose: ❑ Airfare ❑ Ground Transit ❑ Meals ❑ Lodging ❑ Other (please specify): _____

Was the externship experience made available through either of these externship programs:

WC Freshman and Sophomore? ❑ Yes ❑ No WC Scholar-Athlete? ❑ Yes ❑ No

D. Required Signatures

Student Signature	Date
Assistant Dean Signature	Date

FOR OFFICE USE ONLY

Date received: _____ Date Completed: _____ ❑ Copy to Registrar's Office