Hobart and William Smith Colleges
Collaborative Internship Program (GCIP401)
Agreement Form – Faculty Sponsor and Academic Advisor

Name of Student (please print): ___________________________________________________________

Signature of Student: __________________________________________ Date: ________________

Worksite: __________________________________________ Project: _______________________

Major or Minor to which this internship will apply: ______________________________________

The above named student is applying for a Collaborative Internship through Hobart and William Smith Colleges. The program requires that students be able to work independently, be sensitive to the needs of others, be academically secure, work well with diverse populations, and be counted on to follow through on tasks to which they may commit themselves. Please complete this form (typed or word-processed) and return it to the Salisbury Center for Career Services by the last day of the add/drop period. You may use the back of this form or an attached sheet if necessary.

Work Assignments Required by the Student:

GRADING OPTIONS (please circle one): Credit or No Credit OR Letter grade

Faculty Sponsor name: __________________________________________________________________

Faculty Sponsor Signature: ___________________________ Date: ________________________

Advisor name: ________________________________________________________________________

Advisor Signature: ___________________________ Date: ________________________

Thank you! Please return to Brandi Ferrara, 1st Floor, Trinity Hall by the end of the add/drop period.

Approved for Collaborative Internship (GCIP401) by CSO Staff: Brandi Ferrara Date: ______

CSO Staff Signature: __________________________________________ Date: ________________