

SEATTLE PACIFIC UNIVERSITY
SCHOOL OF BUSINESS, GOVERNMENT AND ECONOMICS
BUS4942: INTERNSHIP REFLECTION COURSE
APPROVAL FORM

***You must e-mail this completed and signed form to the SBGE Internship Coordinator
at BUS4942@spu.edu before you can register for the course.***

Which quarter will you be taking BUS4942?	<input type="checkbox"/> AUTUMN <input type="checkbox"/> WINTER	<input type="checkbox"/> SPRING (Tuesday) <input type="checkbox"/> SPRING (Thursday)	<input type="checkbox"/> SUMMER
Student Last Name	Student First Name	SID #	
Student E-mail		Student Phone	
Have you completed BUS2910 or GS3001?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Internship Organization	<input type="checkbox"/> Paid	<input type="checkbox"/> Unpaid	
Internship Supervisor		Title	
Internship Supervisor Email		Phone	
Internship Mailing Address			
Internship Hours Per Week	Start Date	End Date	

Describe your internship responsibilities:

What skills do you intend to develop at your internship?

SBGE Internship Coordinator Signature

Date

Student Signature

Date

*******THIS SECTION MUST BE COMPLETED BY INTERNSHIP SITE SUPERVISOR*******

Hours Worked	Credits	
80 – 100	2	I verify that _____ has/will complete(d) _____ hours for a total of _____ credits. _____ Signature of Internship Site Supervisor Date
101 - 130	3	
131 - 160	4	
161 – 190	5	
191+	6	