

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) and return it to the **Registrar's Office**. 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: _____