

# Institutional Partnership Agreement



This agreement articulates credit and billing arrangements for students from your institution who participate in the Washington Internship Institute program. The information provided in this agreement allows the Washington Internship Institute to provide accurate information to students and other stakeholders.

**Institution Name**

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## Campus Contact

This institution has appointed the following individual to serve as the campus contact for the Washington Internship Institute:

Name \_\_\_\_\_

Title \_\_\_\_\_

Institution \_\_\_\_\_

Campus Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

## Credit Arrangements

This institution has arranged for credits to be awarded for the Washington Internship Institute programs as follows:

Program Component	Number of Credits	
	Fall and Spring	Summer
Internship		
Internship Seminar		
Core Course		
Independent Research Project (optional)		

Please list special requirements if applicable:

**Financial Arrangements**

This institution agrees to the following financial arrangements for the Washington Institute Programs program.

Program Component	Whom should the Washington Internship Institute bill for each program component? Please check one box on each row.	
	Institution	Student
Academic Internship Program Tuition*		
Housing Fee*		
Housing Deposit		

\*Please indicate if summer term arrangements will be different from fall and spring semesters, as well as any other special requirements and/or restrictions, if applicable:

Please provide the contact person for billing purposes:

Name \_\_\_\_\_

Title \_\_\_\_\_

Campus Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Signatures**

This institution agrees to enter into this Partnership Agreement with the Washington Internship Institute.

Institution \_\_\_\_\_

Name of Official \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

The Washington Internship Institute agrees to enter into this Partnership Agreement with the institution named above.

Name of Official \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_