

## Campus Information Form



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

**Institution Name**

---

### 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 & Spring	Summer* <i>(to be awarded by home institution)</i>	Summer* <i>(to be transferred from Belmont University)</i>
Internship			<i>Maximum 6</i>
Internship Seminar			<i>Maximum 3</i>
Core Course			<i>Maximum 3</i>
Independent Research Project (optional)			N/A

\*For the summer program, Belmont University is the Washington Internship Institute's school of record. If your institution will accept transfer credits, students can register for summer courses through Belmont University at *no extra cost* and earn up to 12 credits for our program. **Please indicate above if your institution will award credits for the summer term or if students should use the Belmont Credit option.**

**Fall and Spring Financial Arrangements**

This institution agrees to the following financial arrangements for the Fall and Spring Washington Internship Institute programs.

	Whom should the Washington Internship Institute bill for each fall and spring program component? Please check one box on each row.	
Program Component	Institution	Student
Academic Internship Program Fee		
Housing Fee		
Housing Deposit (refundable)		

**Summer Financial Arrangements**

This institution agrees to the following financial arrangements for the Summer Washington Internship Institute program. If your students will transfer Belmont credit, please leave this section blank; all fees will be billed to the student.

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

Please provide the contact person for billing purposes:

Name \_\_\_\_\_

Title \_\_\_\_\_

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

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

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

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

**Signature**

This form has been reviewed and approved by the appropriate person(s) on your campus. Please acknowledge below.

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

Title \_\_\_\_\_

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