



INSTITUTIONAL PARTNERSHIP AGREEMENT

Campus Contact

This institution has appointed the following individual to serve as the Campus Contact to 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 WII programs as follows:

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

Please list special requirements if applicable:

Financial Arrangements

This institution agrees to the following financial arrangements for the WII programs.

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

Please provide the contact person for billing purposes:

Name _____

Title _____

Campus Address _____

City _____ State _____ Zip _____

Phone Number _____

Email Address _____

**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:*

Signatures

This institution agrees to enter into this Partnership Agreement with WII.

Institution _____

Name of Official _____

Title _____

Signature _____ Date _____

WII agrees to enter into this Partnership Agreement with the institution named above.

Name of WII Official _____

Title _____

Signature _____ Date _____