



RANDOLPH COLLEGE

Founded as Randolph-Macon Woman's College in 1891

Experiential Learning Center, West Hall

www.randolphcollege.edu/elc

Request for Change of Credit Hours in Internship Program

Student's Name: _____ Date: _____

Social Security Number: _____ Phone: _____

Experiential Learning Site: _____

Number of EL credit hours for which you are registered: _____

Number of EL credit hours you wish to **reduce to**: _____ or **increase to**: _____

Reason for Request:

Signature of Student: _____ Date: _____

Signature of Faculty Sponsor: _____ Date: _____

Signature of Faculty Advisor: _____ Date: _____

Signature of On-site Supervisor _____

Date: _____

Signature of EL Internship Program Coordinator: _____

Date: _____

This form is to be submitted to the Experiential Learning Center.