Application for Internship

This form must be submitted to the Office of the University Registrar with a Registration Form or Schedule Change Request form.

Date: ____________

Term: ☐ Fall ☐ Spring ☐ Summer I ☐ Summer II ☐ Summer 12-week ☐ Year: ____________

Student’s Name: ___________________________________________ Student ID Number: __________________________

Major: ___________________________________________________ Telephone Number: __________________________

Course Prefix: _____ Course Number: _____ Course Section: _____ Number of Credits: _____

Title of Course: ______________________________________________________________________________________

Approval Signatures

Faculty Supervisor: __________________________________________ Date: ____________

Signature of Department Chair: __________________________________________ Date: ____________

Signature of Associate V.P. Academic Affairs: _____________________________ Date: ____________

Section A = 3 credits  Section B = 6 credits  Section C = 1 credit  Section D = 2 credits  Section F = 4 credits