

# Internship Approval Form

## ▶ Instructions

- 1. This form must be completed by the student and the faculty advisor.
- 2. This form must be submitted 150 days before the start of the internship.
- 3. This form is valid for one semester only.
- 4. Be sure to submit D.E. 019B and G 109.

It is the student's responsibility to ensure that only one such credit will be counted toward the 120 required for graduation. (E.g., if a student takes a course for credit and then takes it again for credit, only one credit will be counted.)

## ▶ Student Information

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Major: \_\_\_\_\_ FG #: \_\_\_\_\_

Has the student completed 1-1111 of ?

## ▶ Internship Information

1. Organization/Department: \_\_\_\_\_

Position: \_\_\_\_\_ Hours/week: \_\_\_\_\_

Start Date:  Fall  Spring  Summer 20\_\_\_\_\_

Location: \_\_\_\_\_

Faculty Advisor: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## ▶ Department and Dean Approval

Department Approval: \_\_\_\_\_

Faculty Approval  Faculty Approval

Dean Approval: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_