



Registration in an Internship for Course Credit

Name: _____ Student ID# _____

Date: _____ Course to be taken during term: _____ Year: _____

Course Number: _____ Course Title: _____ Credit Hours: _____

Instructor of the Course: _____

Total hours registered after adding course: _____

Internship Company/Organization Name: _____

Supervisor's Name: _____

Supervisor's Email: _____ Phone: _____

A copy of the Internship Agreement must accompany this form.

Please obtain signatures in the following order.

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Instructor Signature: _____ Date: _____

Department Chair of Instructor Signature: _____ Date: _____

Dean Signature: _____ Date: _____