



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.

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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: \_\_\_\_\_