

INTERNSHIP REQUEST FORM



I. STUDENT INFORMATION

Student Name: _____ Student ID: _____

II. SEMESTER INFORMATION

Year: _____

Semester: Summer May
 Fall Winter
 Spring

Session: I III
 II Extended

III. COURSE INFORMATION

Course Prefix (CRJ)	Course Number (4494)	Section Number (01)	Instructor Name

Subject of Internship: _____

IV. REQUIRED SIGNATURE

Student Signature: _____ Date: _____

V. APPROVAL SIGNATURE

Instructor Signature: _____ Date: _____

Dept. Chair/Pgrm Dir. Signature: _____ Date: _____

Dean Signature: _____ Date: _____

This form must be presented at the time of registration and enrollment is processed when the internship packet is submitted to the Office of Student Records.

For Office of Student Records Use Only

Processed by: _____ Date: _____