

# Internship Request

**Please complete this form, obtain all required signatures and return to the Office of Student Records.**

*This form must be presented at the time of registration.*

**Student's Name** \_\_\_\_\_

**Student's ID** \_\_\_\_\_

**Semester/Year** \_\_\_\_\_

**Department** \_\_\_\_\_

**Course Prefix-Course Number-Section Number** \_\_\_\_\_

**Subject of Internship** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Instructor's Name**

\_\_\_\_\_  
**Instructor's Signature**

\_\_\_\_\_  
**Dean's Name**

\_\_\_\_\_  
**Dean's Signature**

\_\_\_\_\_  
**Date**