

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