INTERNERSHIP ENROLLMENT FORM

NAME: 

Last                                      First                                   M.I.                        

ID #: 

(6 digit PAWS ID)                        

PHONE:                                            EMAIL:                        

MAJOR:                        

SEMESTER: Fall ____    Spring ____    Summer ____    Year: _________

Student’s Cumulative GPA: _________ (Must be 2.5 or greater)  Student’s Status _________ (Must be Junior or Senior)

COURSE ID: _______________  SECTION ID: _______________ (for Records & Registration only)

INSTRUCTOR: ______________________     GRADING: Normal Letter Grades: _____  or Pass/Unsatisfactory _____

INTERNESHIP UNITS: ______  (Not to exceed 1.5 course units except in certain approved programs such as Health & Exercise Science)

Total number of registered units for this semester, including internship: ______ (May not exceed 4.5 Units)

Total number of internship units student will have completed at the end of this semester: ______ (May not exceed 3.0 Units)

Completed proposal to be submitted to: ____________________________ on _________________ (mo/day/yr)

Full proposal documenting course of study must be filed with the Instructor.

INTERNESHIP ORGANIZATION (Also indicate on Proposal): ____________________________

ADDRESS __________________________________________

Street                             City       State                     Zip

SUPERVISOR: ______________________________________________________________________________

Title    Phone    Email

Please sign and date where indicated.  All signatures must be completed before registration will be processed.

STUDENT: __________________________________________ DATE: ______________________

SUPERVISING FACULTY: ____________________________ DATE: ______________________

DEPARTMENT CHAIR (or Designee): ____________________________ DATE: ______________________

DEAN (or Designee): ____________________________ DATE: ______________________

This Internship Enrollment Form must be submitted to the Office of Records & Registration at the time of registration.  Registration will not be permitted if this form is incomplete and/or there are missing signatures.

Original:  Records and Registration Copies:  Career Services

Revised 02/10/11