

Internship Approval Form



Student Information (please print)

First Name: _____ Last Name: _____ ID # 0000 _____

Undergraduate Program: Major 1 _____ Major 2 _____

Class Level: _____ GPA _____

Internship Information (please print)

Course ID# _____ Number of Internship Credits _____

Year _____ Term _____ Session _____

Name of Organization: _____

Address: _____

Number _____ Street _____

City _____ State _____ Zip _____ County _____

Telephone (_____) _____ - _____ ext _____ Proposed Hours per Week _____

On-site Contact Person/Supervisor _____

Description of Internship _____

CSE Faculty Mentor (person submitting final grade): Signature/ Date: _____

Approvals

(ALL signatures MUST be obtained before form will be processed by Registrar's Office)

Student Signature/Date: _____

Advisor #1 Signature/ Date: _____ Advisor #2 _____

Program Chair Signature/Date: _____

Dean Signature /Date: _____

**** International Students need the signature of the Director of International and Multicultural Affairs****

Director, International and Multicultural Affairs Signature/ Date: _____

Internship Coordinator Signature/Date: _____

Registrar's Office: _____ Date: _____

REV 06/18