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