Special Registration Approval Request **– Internship**

_____ _____ _____

Student Last *First* *Middle* *Class Year* *Date*

_____ _____ _____

Majors(s) *Minor(s)* *Advisor*

Course #: _____ Credit: _____ CPT: _____

(Leave blank if unknown) *(1/2 or 1)* *(Yes or No)*

Rationale for Internship:

1. How will this Internship serve your personal, educational and potential career goals?

2. How will the Internship be assessed? (Such as a portfolio of student work, reflective essay, etc.)

The internship is a non-divisional course that cannot be applied toward the 34 required for graduation. The course is recorded on the student's transcript, however. Students will not be allowed to pre-register in an internship course until approval is granted. International students enrolling in an internship must take a copy of the final approval to the Director of the International Office to initiate the process for application for Curricular Practical Training (CPT).

Supervising Faculty: _____ _____

Print Name *Signature*

Dept./Prog. Chair: _____ _____

Print Name *Signature*

Student Advisor: _____ _____

Print Name *Signature*

Registrar: _____ _____

Print Name *Signature*

Approval Date: _____

Please return this form to the Registrar's Office.