INTERNSHIP ENROLLMENT FORM

NAME: ___________________________ ID #: ___________________________

Last                                       First                                   M.I. (6 digit PAWS ID)

PHONE: _______________________________ EMAIL: ____________________________

DEPARTMENT: 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 _____

INTERNSHIP 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)

Academic Department

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

INTERNSHIP 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