

INTERNSHIP APPROVAL
(to be completed by student)

Name _____ Semester/Yr of Internship _____

Date _____ Social Security No. _____ Class _____

Major(s) _____ Minor/Elective _____

GPA (cum) _____ GPA (major) _____ Current Credit Hours _____

Have you held an internship prior to this request? _____ If so, when/where _____

Geographical area where internship is requested _____

Please describe the type of internship/name of agency that you desire _____

Will you have a car during the internship? _____ How many days per week will you be able to work? _____

How many hours per day? _____

Signature of Student _____

(this section to be read and signed by Faculty Director)

Dept/Course No. _____ Credit Hours desired _____ Work Hours Required _____

Type of credit: (circle one) Major Related Field Elective

Does this student meet all departmental requirements for an internship? _____

This student has a cumulative GPA of _____

_____ *(approving student's eligibility)*
(Signature of Faculty Director)

When completed, this form MUST BE RETURNED TO CAREER SERVICES