



Internship/Cooperative Education Course Registration Approval Form

Student Information

Student Name: _____ Student ID: _____
Email Address: _____ Phone Number: _____
Major: _____ Minor: _____ Overall GPA: _____
FR SO JR SR Master's Expected Graduation Date: _____
How did you find your Internship / Co-op position? _____

Internship Information

Company/Agency: _____
Address: _____
City/State/Zip Code: _____
Supervisor: _____ Phone: _____
Email: _____
Description of Job Responsibilities: _____

Faculty Approval

I recommend _____ to participate in the Internship/Cooperative
Education program for _____ hours in the Fall Spring Summer semester of 20____.

Faculty Signature

Date

I have received the syllabus for the internship and understand the requirements for the course.

Student Signature

Date

For Departmental Use Only

Assigned Course Number: _____ Course Code: _____