



INTERNSHIP COURSE REGISTRATION FORM

COURSE ID: _____ Credit(s): _____ Semester: _____

STUDENT INFORMATION

Name: _____ Student ID: _____

Major: _____ Minor: _____

Local phone number: _____ E-mail: _____

Academic advisor: _____ Expected graduation date: _____

ACADEMIC QUALIFICATIONS

Do you currently have a cumulative 2.0 GPA or higher? Yes No

Do you currently have a 2.0 GPA or higher in your major? Yes No

Have you completed a minimum of 57 credits? Yes No

Total number of credit hours including this course that I enroll this semester/session is _____ credit hours.

(Undergraduate students may enroll for a maximum of 18 credit hours during the Fall and Spring semester and a maximum of 6 credit hours for a regular 5-week summer session. Permission to exceed this limit must be obtained from the student's advisor and department chairperson. Students must have at least a 3.0 cumulative GPA before permission to register for an overload is granted.)

INTERNSHIP INFORMATION

Faculty sponsor: _____ Phone: _____

Internship site: _____ Internship period: _____ To _____

Total hours to be worked: _____ hours per week x _____ weeks = _____ hours

ACADEMIC INTERNSHIP CREDITS: 15 week semester	
1 cr. hr. = 4 work hrs/week = 60 work hrs total	4 cr. hrs = 16 work hrs/week = 240 work hrs total
2 cr. hrs. = 8 work hrs/week = 120 work hrs total	5 cr. hrs = 20 work hrs/week = 300 work hrs total
3 cr. hrs. = 12 work hrs/week = 180 work hrs total	6 cr. hrs = 24 work hrs/week = 360 work hrs total

REQUIRED SIGNATURES to be obtained in the order listed

Student: _____ Date: _____

Faculty sponsor: _____ Date: _____

Department chair: _____ Date: _____

Internship director: _____ Date: _____

Academic dean: _____ Date: _____