**REGISTRATION FORM**

## 

## 

In reference to the core curriculum and elective courses, University students must satisfy the organization requirements. Pursuant to the internship option, the student will participate in a supervised internship of sufficient depth and professionalism to allow the student to experience the integration of his or her curricular studies in an actual professional environment. His/her signature below indicates approval for academic credit of your particular internship, based on your *Plan for Internship*.

You must complete a minimum of **6 weeks internship courses**.

|  |  |  |
| --- | --- | --- |
| Fall | Year | Number of weeks |
| Spring | Year | Number of months: |
| Summer | Year | Number of years: |

***Internship enrollees*:** Return this form to the assigned supervisor of organization who must also sign this form once your *Plan for Internship* is approved.

*Student’s Name Email ID Student’s Signature Date*

*University Name/Address*

*Supervisor's /Advisor’s Name Advisor’s Signature Date*

*Email ID*