



# Graduate School



## Internship

**Student Information**

First Name

ID Number

Last Name

**Course Information**

Subject

Number

Semester

Year

Credit Hrs.

Internship Agency:

**How will the student's work during the internship be monitored and evaluated by the agency supervisor?**  
(e.g., meetings with intern, checklists, informal reporting by co-workers, etc.)

**How will the student's work during the internship be monitored and evaluated by the faculty supervisor?**  
(e.g., meeting with intern and/or agency supervisor, reports submitted by intern and by agency supervisor, etc.)

**International Travel**
 Yes    No   Does this course require travel outside of the U.S.?

If yes, student(s) will need to obtain and complete an International Academic Travel Packet through the [Office of International Programs](#).

Office of International Programs Approval

I agree to the course description and requirements as stated above and request to be enrolled in the course.

Student Signature

**Approvals:**

Faculty Supervisor Type/Print Name

Faculty Supervisor Signature

Graduate Coordinator Signature

Internship Agency Signature

Graduate School Signature

**Return the complete for to the Graduate School, second floor James Hall.**