

## Internship Approval Form

### Student Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ ID# 0000 \_\_\_\_\_

Undergraduate Program: Major 1 \_\_\_\_\_ Major 2 \_\_\_\_\_

Class Level \_\_\_\_\_ GPA \_\_\_\_\_

### Internship Information

Course ID# \_\_\_\_\_ Number of Internship Credits \_\_\_\_\_

Year \_\_\_\_\_ Term \_\_\_\_\_ Session \_\_\_\_\_

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

*Number*                      *Street*

\_\_\_\_\_

*City*                                      *State*                                      *Zip*                                      *County*

Telephone \_\_\_\_\_ ext \_\_\_\_\_ Proposed Hours per Week \_\_\_\_\_

On-site Contact Person/Supervisor \_\_\_\_\_

Description of Internship \_\_\_\_\_

SEU Faculty Mentor (person submitting final grade): Signature/Date \_\_\_\_\_

### Approvals (ALL signatures MUST be obtained before form will be processed by Registrar's Office)

Student Signature/Date \_\_\_\_\_

Advisor #1 Signature/Date \_\_\_\_\_ Advisor #2 \_\_\_\_\_

Program Chair Signature/Date \_\_\_\_\_

Dean Signature/Date \_\_\_\_\_

\*\*\* International Students need the signature of the Designated School Official \*\*\*

Designated School Official Signature/Date \_\_\_\_\_

Internship Coordinator Signature/Date \_\_\_\_\_

Registrar's Office \_\_\_\_\_ Date \_\_\_\_\_

REG 7/20