



Registrar's Office

Internship Request

Completed form must be submitted to the Registrar's Office with all **required signatures** no later than the end of the first week of the semester.

Please check one: _____ Graduate/Post Baccalaureate Certification Student _____ Undergraduate student

Indicate the **Year** for the request below: _____

Indicate the Semester or Session: Fall _____ Spring _____ Summer I _____ Summer II _____ Summer 10 Weeks _____

The below named student has permission to take an Internship. Is this a paid Internship? _____ Yes _____ No

This form must be turned in with the appropriate signatures at the time he/she selects courses for a given semester.

Student's Name: _____ Student's ID: _____

Home Address: _____

Student's Signature: _____ Date: _____

Expected Date of Graduation: _____ Semester _____ Year _____

KU E-Mail Address: _____ Phone#: _____ Cell Phone#: _____

COURSE REQUESTED:

PREFIX: _____ **NO.:** _____ **COURSE TITLE:** _____ **# of Credits:** _____

For Verification of Attendance purposes, please enter the course start, midterm and end date if different from those of the semester or session in which it is being taught. Form will be returned if dates are not included.

Start Date _____ Midterm _____ End Date _____

Sponsoring Organization

Organization's Website Address/URL

Address

City, State, Zip Code

Industry

Organization's Phone Number

INTERNSHIP: Signatures required for internships include the department chairperson, professor and that of the Dean of the appropriate College. (Dean of appropriate College refers to the Dean of the College in which the course is taught. For Graduate students and Post Baccalaureate Certification students, the signature of the Dean of Graduate Studies is also required.)

PRINT Professor's Name

Professor's Signature

Date

Dept. Chairperson's Signature

Date

Dean of College's Signature

Date

Dean of Graduate Studies' Signature

Date

DO NOT WRITE BELOW THIS LINE. OFFICE USE ONLY.

Course Prefix

Section

Class No.

Credits

Professor's Name

Date Entered: _____ Please add this course to the schedule for the _____ Semester/Session.