



Internship/Field Experience Registration Approval Form

This form should be completed in the semester prior to an internship. 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 term. Incomplete forms will be returned.

Student Information:

Student Name:

Student ID:

Expected Term of Graduation:

Year:

Semester:

KU Email Address:

Phone#:

Student Signature:

Date:

Course Information:

Course Level:

Indicate Semester of Request:

Year of Request:

Prefix:

Course No.:

Course Title:

of Credits:

Course Professor:

If the course start, midterm and end dates are different from the semester or session in which the course is being taught. Please enter these dates for verification of attendance purposes. The student should consult with their advisor to complete this section if necessary.

Start Date:

Midterm:

End Date:

Completion of this form indicates that a student has met all requirements for an internship/field experience, per the program and may register for the course. Once registration is completed, the student will have until the start of the fourth week of the term for spring, fall, or summer 10-week to secure a site for the internship and submit the Internship/Field Experience Site Approval form. For summer I or II (5-week) terms, the form must be submitted by the start of the second week.

Should a student **not** achieve a placement by the stated deadline, the student will be directed to withdraw from the course. Failure to do so will result in a failing grade being assigned.

Faculty Advisor:

Faculty Advisor's Signature

Date:

Course Professor

Course Professor's Signature

Date:

Department Chairperson's Signature

Date:

Dean of College or Designee's Signature

Date:

Director of Clinical Education or Designee (COE Only)

Date: