



Internship/Field Experience Site Approval Form

Completed form must be submitted to the Registrar's Office with all required signatures no later than the start of the fourth week of the term (fall/spring/summer 10 weeks). For Summer I or II, submission must be by the start of the second week.

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
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Internship/Field Experience Information:

Internship/Field experience Site:

Supervisor Name:

Site Address:

Supervisor Email:

City, State, Zip:

Supervisor Phone:

Website:

Industry:

Modality of Internship:

Is this a paid Internship:

Signatures of the department chairperson, Director of Clinical Education (COE Only), supervising professor, and the dean (or designee) of the college in which the course is taught are **required**.

Department Chairperson's signature indicates that there is a current agreement between the University and the placement site.

Faculty Advisor:

Faculty Advisor Signature:

Date:

Department Chairperson:

Department Chairperson Signature:

Date:

College Dean Signature:

Date:

Director of Clinical Education/ Designee (COE only)

Date: