TO THE REGISTRAR:  

Student ID: ____________________________

____________________________________ has permission to register for the following:
(print name of student)

____________________________________ (Name of Internship)

(1-6 Cr. Hrs.) ____________________________ (print department name and number)

Semester: ____________________________ 20__________

______________________________  __________________
Supervisor's Signature Date

______________________________  __________________
Coordinator's Signature Date

______________________________  __________________
Dean's Signature Date

Registration completed:  
Recorder's Signature __________________
Date
Study Plan and Contract

Student

Faculty Supervisor

Organization

Supervisor

Semester 20 Credit Hours

Goals:

Methods:

Means of Evaluation by the Faculty Supervisor:

(student’s signature) (date)