

Internship Request Form

TODAY'S DATE _____

INTERN'S NAME _____ NET ID _____

EMAIL ADDRESS _____

PHONE NUMBER _____

CLASSIFICATION _____ CURRENT GPA _____

INTERNSHIP SEMESTER _____

INTERNSHIP ORGANIZATION/COMPANY _____

ADDRESS _____

SUPERVISOR'S NAME _____

EMAIL ADDRESS _____

EMPLOYMENT DATES _____ TOTAL PROJECTED HOURS WORKED _____

PRELIMINARY LEARNING/WORK GOALS FOR INTERNSHIP

STEPS FOR ENROLLING IN AELC 3500

1. Submit this form to your academic advisor at least two weeks before the beginning of the semester of your internship.
2. Upon approval, register for AELC 3500

I have read and understand the above steps.

Student Signature _____ Date _____

For Department Use Only

Approved by: _____ Date _____