



Approval Form

Internship/Cooperative Education Course Registration

Student Name: _____ Student ID: _____

Major: _____ Overall GPA: _____ Hours completed: _____

Company/Agency: _____

Street Address: _____

City/State/Zip Code: _____

Supervisor: _____ Phone: _____

Email: _____

Brief Description of Job Responsibilities:

I recommend _____ to participate in the Internship/Cooperative Education program for _____ hours in the Fall / Spring / Summer semester of 20____.

Faculty Signature

Date

I have received the syllabus for the internship and understand the requirements for the course.

Student Signature

Date

HOW TO REGISTER: Select the *Express Registration* link in WebAdvisor in order to successfully register for this course.

For Departmental Use Only

Assigned Course Number: _____

Course Code: _____