



## 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's Name: \_\_\_\_\_ Student's ID: \_\_\_\_\_  
 Local Address: \_\_\_\_\_  
 Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Expected Date of Graduation: Year: \_\_\_\_\_ Semester: \_\_\_\_\_  
 KU E-Mail Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**COURSE INFORMATION:**

Please check one:  Graduate/Post Baccalaureate Certification Student  Undergraduate Student

Indicate the Year for the request: \_\_\_\_\_  
 Indicate the Semester or Session: Fall  Spring  Summer I  Summer II  Summer 10 Weeks

**COURSE ENROLLED IN:**

PREFIX: \_\_\_\_\_ NO.: \_\_\_\_\_ COURSE TITLE: \_\_\_\_\_ # of Credits: \_\_\_\_\_

**INTERNSHIP/FIELD EXPERIENCE INFORMATION:**

Internship/Field Experience Site	Supervisor Name
Site Address	Supervisor E-Mail
City, State, Zip	Supervisor Phone
Website	Industry

Modality of Internship: In-Person  Hybrid  Remote

Is this a paid internship? Yes  No

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.

PRINT Professor's Name	Professor's Signature	Date
Director of Clinical Education/Designee (COE Only)	Date	Dept. Chairperson's Signature
Date	Date	Date