



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