



Registrar's Office

# Internship Request

Completed form must be submitted to the Registrar's Office with all **required signatures** no later than the end of the first week of the semester.

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

Indicate the **Year** for the request below: \_\_\_\_\_

**Indicate the Semester or Session:** Fall  Spring  Summer I  Summer II  Summer 10 Weeks

The below named student has permission to take an Internship. Is this a paid Internship?  Yes  No

**This form must be turned in with the appropriate signatures at the time he/she selects courses for a given semester.**

Student's Name: \_\_\_\_\_ Student's ID: \_\_\_\_\_

Home Address: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_ Semester \_\_\_\_\_ Year \_\_\_\_\_

KU E-Mail Address: \_\_\_\_\_ Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

### COURSE REQUESTED:

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

**For Verification of Attendance purposes**, please enter the course start, midterm and end date if different from those of the semester or session in which it is being taught. Form will be returned if dates are not included.

Start Date \_\_\_\_\_ Midterm \_\_\_\_\_ End Date \_\_\_\_\_

\_\_\_\_\_  
Sponsoring Organization / Organization's Website Address/URL

\_\_\_\_\_  
Address / City, State, Zip Code

\_\_\_\_\_  
Industry / Organization's Phone Number

**INTERNSHIP:** Signatures required for internships include the department chairperson, professor and that of the Dean of the appropriate College. (Dean of appropriate College refers to the Dean of the College in which the course is taught. For Graduate students and Post Baccalaureate Certification students, the signature of the Dean of Graduate Studies is also required.)

\_\_\_\_\_  
**PRINT Professor's Name** / Professor's Signature / Date

\_\_\_\_\_  
Dept. Chairperson's Signature / Date / Dean of College's Signature / Date

\_\_\_\_\_  
Dean of Graduate Studies' Signature / Date

**DO NOT WRITE BELOW THIS LINE. OFFICE USE ONLY.**

\_\_\_\_\_  
Course Prefix / Section / Class No. / Credits / Professor's Name

Date Entered: \_\_\_\_\_ Please add this course to the schedule for the \_\_\_\_\_ Semester/Session.  
Rev. 02/18

