



## Internship/Field Experience Registration Approval Form

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 term.

### 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 REQUESTED:

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

COURSE PROFESSOR: \_\_\_\_\_

**If** the course start, midterm, and end dates are different from the semester or session in which the course is being taught, please enter these dates for Verification of Attendance purposes. The student should consult with their advisor to complete this section if necessary.

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

Completion of this form indicates that a student has met all requirements for an internship/field experience, per the program and may register for the course. Once registration is completed, the student will have until the start of the fourth week of the term for spring, fall, or summer 10-week to secure a site for the internship and submit the Internship/Field Experience Site Approval form. For summer I or II (5-week) terms, the form must be submitted by the start of the second week.

Should a student **not** achieve a placement by the stated deadline, the student will be directed to withdraw from the course. Failure to do so will result in a failing grade being assigned.

PRINT Faculty Advisor's Name \_\_\_\_\_ Faculty Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Assistant/Director of Clinical Education (COE Only) \_\_\_\_\_ Date \_\_\_\_\_ Dean of Graduate Studies Signature \_\_\_\_\_ Date \_\_\_\_\_  
(For graduate students only)