



INTERNSHIP  
UCC 370/470

To the Registrar:

\_\_\_\_\_ has permission to  
(Print Name of Student)

register for the following internship:

\_\_\_\_\_  
(Credit)

\_\_\_\_\_  
(Print Department Name, Number, and Title)

Term: \_\_\_\_\_ 20

\_\_\_\_\_  
Supervisor's Signature Date

\_\_\_\_\_  
Chair's Signature Date

\_\_\_\_\_  
Dean's Signature Date

Registration Completed:

\_\_\_\_\_  
Recorder's Signature Date

School of Arts and Sciences  
Internship

Study Plan and Contract

Student \_\_\_\_\_

Faculty Supervisor \_\_\_\_\_

Organization \_\_\_\_\_

Supervisor \_\_\_\_\_

Term: \_\_\_\_\_ 20 \_\_\_\_\_

Credit Hours \_\_\_\_\_

Goals:

Methods:

Means of Evaluation by the faculty supervisor:

\_\_\_\_\_  
(student's signature)

\_\_\_\_\_  
(date)