

REQUEST FOR APPROVAL TO TAKE 684 INTERNSHIP

Student's Full Name (please print) _____

Student's I.D. Number (U.I.N.): _____

I request that I be allowed to register for _____ semester credit hours of _____ during the _____ Semester of _____, to be used as follows:

- Required in degree program
- As an elective
- Substitution of credit for

Description of the Internship:

Assignments/Tasks/Responsibilities:

Grade Assignment will be based on:

Course Completion Date: _____

Signature of Student

I agree to supervise the course as described above.

Signature of the Professor

Professor ID

Approval Recommended:

Student's Academic Advisor: _____ Date: _____

Student's Academic Department Head: _____ Date: _____

Approved:

Department Head Responsible for Course: _____ Date: _____

For Office Use

Section Number Assigned: _____

Completed: _____ Date: _____

cc: Admissions and Records, Instructor, Student

Student UIN can be found at <https://myrecord.tamu.edu>