REQUEST FOR APPROVAL TO TAKE 484 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