

Request for Graduate Internship Credit

STUDENT INFORMATION SECTION

Student Name _____ W # _____

Email Address _____ Phone _____

Semester (Check One) Fall Spring Summer Academic Year _____

Course Number PETE 5990 Graduate Internship Project Start Date: _____ End Date: _____

Each credit hour earned reflects a minimum of 3 hours of actual work per week on this project, e.g. 3 cr hrs=9 work hours. • A maximum of 3 credits may be earned in a semester.

Faculty Sponsor Name _____ Email _____

Brief description *summarizing* the job or project proposal given to the Faculty Sponsor. The proposal is a separate document that must be attached to this request and must show that the student will be demonstrating practical application of skills learned.

1. Submit both documents, this request form and the written proposal, to your chosen Faculty Sponsor.
2. Electronic submission is acceptable with your valid e-signature.
3. Otherwise, sign and submit a hard copy.

Student Signature _____ Date _____

THIS SECTION MUST BE COMPLETED BY FACULTY SPONSOR

Required assignment(s) Public Presentation Weekly/Monthly report Summary report - # pages _____
(Check all that apply)

Your signature below indicates that you have reviewed the student's written proposal as summarized above and have agreed to sponsor/supervise the student's work.

A copy of the student's final assignment(s) must be sent to the Department's Office Manager to be kept in the student's file.

Signature _____ Date _____

DEPARTMENT HEAD REVIEW

I have reviewed the request and proposal. It is Approved Denied

Comments _____

Signature _____ Date _____

Course Created _____ CRN _____ Override Entered _____ Copies Made/Sent _____ Final Report Received