



Internship/Field Experience Registration Approval Form

This form should be completed the semester prior to an internship. 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. Incomplete forms will be returned.

STUDENT INFORMATION:

Student's Name:

Student's ID:

Student Signature:

Date:

KU E-Mail Address:

COURSE INFORMATION:

Please check one:

Indicate the Year for the
internship/field experience:

Indicate the Semester or
Session:

COURSE REQUESTED: NO.: COURSE TITLE: # of Credits:

PREFIX:

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

Assistant/Director of Clinical Education (COE Only)

Date