



Internship/Field Experience Site Approval Form

Completed form must be submitted to the Registrar's Office with all **required signatures** no later than the start of the fourth week of the term (fall/spring/summer 10 weeks). For Summer I or II, submission must be by the start of the second week.

STUDENT INFORMATION:

Student's Name:

Student's ID:

Student Signature:

Date:

Expected Date of Graduation:

Year:

Semester:

KU E-Mail Address:

Phone #:

COURSE INFORMATION:

Please check one:

Indicate the Year for the request:

Indicate the Semester or Session:

COURSE ENROLLED IN:

PREFIX:

NO.:

COURSE TITLE:

of Credits:

INTERNSHIP/FIELD EXPERIENCE INFORMATION:

Internship/Field Experience Site

Supervisor Name

Site Address

Supervisor E-Mail

City, State, Zip

Supervisor Phone

Website

Industry

Modality of Internship:

Is this a paid internship?

Signatures of the department chairperson, Director of Clinical Education (COE Only), supervising professor, and the dean (or designee) of the college in which the course is taught are **required**.

Department Chairperson's signature indicates that there is a current agreement between the University and the placement site.

PRINT Faculty Advisor's Name

Faculty Advisor's Signature

Date

Director of Clinical Education/Designee (COE Only)

Date

Dept. Chairperson's Signature

Date