



Internship/Field Experience Registration Approval Form

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.

STUDENT INFORMATION:

Student's Name: _____ Student's ID: _____
Local Address: _____
Student Signature: _____ Date: _____
Expected Date of Graduation: Year: _____ Semester: _____
KU E-Mail Address: _____ Phone #: _____

COURSE INFORMATION:

Please check one: ☐ Graduate/Post Baccalaureate Certification Student ☐ Undergraduate Student

Indicate the Year for the request: _____

Indicate the Semester or Session: ☐ Fall ☐ Spring ☐ Summer I ☐ Summer II ☐ Summer 10 Weeks

COURSE REQUESTED:

PREFIX: _____ NO.: _____ COURSE TITLE: _____ # of Credits: _____

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 Advisor's Name	_____ Advisor's Signature	_____ Date
_____ Dept. Chairperson's Signature	_____ Date	_____ Dean of College or Designee's Signature
_____ Assistant/Director of Clinical Education (COE Only)	_____ Date	_____ Dean of Graduate Studies Signature (For graduate students only)
		_____ Date



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: _____
Local Address: _____
Student Signature: _____ Date: _____
Expected Date of Graduation: Year: _____ Semester: _____
KU E-Mail Address: _____ Phone #: _____

COURSE INFORMATION:

Please check one: Graduate/Post Baccalaureate Certification Student Undergraduate Student
Indicate the Year for the request: _____
Indicate the Semester or Session: Fall Spring Summer I Summer II Summer 10 Weeks

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: In-Person Hybrid Remote
Is this a paid internship? Yes No

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 Professor's Name	Professor's Signature	Date
_____	_____	_____
Director of Clinical Education/Designee (COE Only)	Dept. Chairperson's Signature	Date
_____	_____	_____
Dean of College or Designee's Signature	Date	