# Internship Enrollment Form

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<tr>
<th>NAME:</th>
<th>ID #:</th>
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| PHONE: | EMAIL: | MAJOR: |

**Semester:** Fall ____ Spring ____ Summer ____ Year: ________

**Student's Cumulative GPA:** ________ (Must be 2.5 or greater) **Student's Status:** ________ (Must be Junior or Senior)

**Course ID:** ________________ **Section ID:** ________________ (for Records & Registration only)

**Instructor:** ____________________ **Grading:** Normal Letter Grades: _____ or Pass/Unsatisfactory ______

**Internship Units***: ________ (Not to exceed 1.5 course units except in certain approved programs such as Health & Exercise Science)

Total number of registered units for this semester, including internship: ________ (May not exceed 4.5 Units)

Total number of internship units student will have completed at the end of this semester: ________ (May not exceed 3.0 Units)

Completed proposal to be submitted to: ____________________ on _____________ (mo/day/yr)

*Full proposal documenting course of study must be filed with the Instructor.*

**Internship Organization** (Also indicate on Proposal): ______________________________________

**Address:**

<table>
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<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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**Supervisor:**

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<th>Title</th>
<th>Phone</th>
<th>Email</th>
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**Start-End Dates of Internship:**

**Type of Internship** (Check one of the following):

______ Credit only or ______ Credit & Stipend/Salary Hourly Rate ______/hr. **Hours Per Week**

Please sign and date where indicated. All signatures must be completed before registration will be processed.

**Student:**

DATE: ____________________

*By signing this form, I acknowledge that I am responsible for the payment of all tuition and fees associated with the number of units earned from this course.*

**Supervising Faculty:**

DATE: ____________________

**Department Chair (or Designee):**

DATE: ____________________

**Dean (or Designee):**

DATE: ____________________

This Internship Enrollment Form must be submitted to the Office of Records & Registration at the time of registration. Registration will not be permitted if this form is incomplete and/or there are missing signatures.

**Original:** Records and Registration

**Copies:** Career Services

Revised 10/2014