

REQUEST FOR SPECIAL PROBLEMS/INTERNSHIP/PRACTICUM

Student's Name _____ SS# _____

Major/Dept. _____ Classification _____

The above named student has permission to register for _____
with me for _____ hours _____ Semester _____
Dept. Number _____

Nature of the problems, Internship, Practicum (for insurance purposes):

Location _____

Being paid by University _____, Company _____, Neither _____.

Signature _____
Supervising Faculty Member