## REQUEST FOR AUTHORIZATION FOR INTERNSHIP CREDIT

		MENT 3882 (sect	. 80)	
Date of Request	Semester/Year	Course Number	Select one: First time –or-	- Repeat
Full Name of Student			Comn	nodore ID
Phone number			Ema	il Address
Graduation Date				Major(s)
Place of internship / Com	npany name		Interr	nship Title
Address		<del></del>	Internship comple	tion date
City, State		<del></del>	Company phon	e number
Supervisor name			Super	visor Title
Supervisor email		<del></del>	Fa	x number
			pectation: 50% Daily journal en	
summarizing the day's w	ork and reflecting on its pla	ce with the field; 50% One	longer reflective paper, 6-10 pa	ges) 
\$200 and any other requir	• • • • • • • • • • • • • • • • • • • •	a copy of a letter (or email)	n a professional manner, will pay t from the internship provider stip	•
requirement for deducting t		Student Signature		Date
Blair faculty sponsor signat	ure	Prof. Robbie Fry		Date
Student currently meets elig	gibility requirements:	Associate Dean's Signatu	re (of student's home school)	 Date
Final Approval to enroll:		Melissa Rose, Associate L	Dean for Blair	Date

Student completed Summer Internship Orientation & Quiz. Attach orientation quiz results to this form.