

IDT 620 Internship Registration Request Form

IDT 620 – Internship (4 sh):

Star #: _____

Prerequisite:

Completion of 9 hours of approved IDT coursework, and no Incomplete (I) grades.

To register for the course, you must complete this form and meet with the Program Coordinator for approval and signature. You must also complete the Internship Agreement Form and procure your internship supervisor/mentor’s signature.

Student Name: _____

Student ID No: _____

Number of Semester Hours in IDT: _____

Semester: Fall 20__ Spring 20__ Summer 20__

Attach a copy of your proposal for internship to include information about the location of the internship, site supervisor, and other pertinent information, and completed Internship Agreement Form from the IDT Internship packet.

Student Signature: _____ **Date:** _____

Faculty Member Signature: _____ **Date:** _____

Program Coordinator Signature: _____ **Date:** _____

Permission By: _____ **Date:** _____