

RETURN TO THE GRADUATE SCHOOL

**UNIVERSITY OF NORTH CAROLINA AT WILMINGTON
GRADUATE SCHOOL
Permission to Enroll
Graduate Internship**

Full Name of Student _____ Date _____
Student I.D. _____
Has permission to register for _____ with _____ hours credit
For the _____ semester, Prefix _____ Number _____
year. The internship will be located at:

Total Hours for Semester Schedule: _____ Total Credit Hours: _____
GPA: _____

How will the student's work during the internship be monitored and evaluated by the agency supervisor? (e.g., meetings with intern, checklists, informal reporting by co-workers, etc.)

How will the student's work during the internship be monitored and evaluated by the faculty supervisor? (e.g., meetings with intern and/or agency supervisor, reports submitted by intern and by agency supervisor, etc.)

Approved:
Faculty supervisor: _____ Date: _____
Graduate Coordinator: _____ Date: _____
Agency: _____ Date: _____
Graduate School: _____ Date: _____

Registering for internship will incur up to \$20 additional charge on your student account for liability insurance.

Cc: Registrar; Faculty Advisor; Agency; Student; Graduate School