

UNIVERSITY OF NORTH CAROLINA WILMINGTON

**PERMISSION TO ENROLL
INTERNSHIP COURSE**

Student Name: _____
Last First Middle

Student ID # _____ **Student Email:** _____@uncw.edu **Student Phone:** _____

has permission to register for _____ 498 with _____ hours credit for the _____ semester.
Dept Credit Hours Term Year

Faculty Supervisor's Name: _____ **Email:** _____@uncw.edu

Faculty Supervisor's ID: _____ **UNCW Phone:** _____

<p>Location of internship:</p> <p>_____</p> <p>Agency Name</p> <p>_____</p> <p>Agency Address</p> <p>_____</p> <p>City State ZIP</p>	<p>Agency Supervisor's Name: _____</p> <p>Agency Phone: _____ Email: _____</p> <p>Student's Job Title: _____</p> <p>Student's Signature: _____ Date: _____</p> <p>Evidence of student liability insurance on file? _____ <small>Initials</small></p> <p>Carrier: _____</p>
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Learning Objectives

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, other)

