OFFICE OF THE REGISTRAR
UNIVERSITY OF NORTH CAROLINA WILMINGTON
601 SOUTH COLLEGE ROAD • WILMINGTON, NORTH CAROLINA 28403-5618
PHONE: 910-962-3125 • HTTP://WWW.UNCW.EDU/REG

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:** _____

Location of internship:

_____
Agency Name

_____
Agency Address

_____ ____ _____
City State ZIP

Agency Supervisor's Name: _____

Agency Phone: _____ **Email:** _____

Student's Job Title: _____

Student's Signature: _____ **Date:** _____

Student Liability Insurance
Peerless Insurance Company through Montgomery Insurance
Policy Number: GL8332535
Administered by: North Carolina Association of Insurance Agents
PO Box 1165, Cary NC 27512 919.863.6522 or 888.275.8906

Internship meets state authorization requirements? ☐ Yes ☐ No Initials: _____ (VCAA External Programs)

AGENCY SUPERVISOR TO COMPLETE SECTIONS 1-2

Section 1: 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)

Section 2: List the intern's specific duties and/or responsibilities and required weekly hours at the agency.

FACULTY SUPERVISOR TO COMPLETE SECTIONS 3-6

Section 3: Learning Objectives

Section 4: 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 agency supervisor, other)

Section 5: List the reports and/or other assignments, designated meeting times with faculty supervisor, and method(s) for determining final grade.

Section 6:

Student meets minimum earned hours requirement? ☐ Yes ☐ No Initials: _____

Student meets minimum GPA requirement? ☐ Yes ☐ No Initials: _____

If this course is not approved for Explorations Beyond the Classroom and the student wants the DIS to fulfill the EBC requirement, the instructor/advisor will need to submit a substitution/waiver form.

If this activity involves travel outside the U.S., an International Academic Travel Packet must be completed and approval obtained through the Office of International Programs (Friday Annex 118).

Office of International Programs Date

Approved:

Faculty Supervisor Date

Agency Supervisor Date

Department Chair Date

AVC External Programs Date

Dean Date

Form Routing:
1. Faculty Supervisor 2. Agency Supervisor 3. Department Chair 4. AVC External Programs
5. Academic Dean 6. Career Services (copy of form from Dean) 7. Registrar

Office of the Registrar Only CRN _____ Term _____ Date _____ Initials _____

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