



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: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last First Middle </div>		
Student ID # _____	Student Email: _____@uncw.edu	Student Phone: _____
has permission to register for _____ 498 with _____ hours credit for the _____ semester. <div style="display: flex; justify-content: space-around; font-size: x-small;"> Dept Credit Hours Term Year </div>		
Faculty Supervisor's Name: _____ Email: _____@uncw.edu		
Faculty Supervisor's ID: _____ UNCW Phone: _____		

Location of internship: _____ <small>Agency Name</small> _____ <small>Agency Address</small> _____ State _____ ZIP _____ <small>City</small>	Agency Supervisor's Name: _____ Agency Phone: _____ Email: _____ Student's Job Title: _____ Student's Signature: _____ Date: _____ Evidence of student liability insurance on file? _____ <small style="margin-left: 100px;">Initials</small> Carrier: _____
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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)

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)

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

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

Student meets minimum earned hours requirement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initials: _____
Student meets minimum GPA requirement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initials: _____

This course meets the university requirement for Explorations Beyond the Classroom.

If this activity involves travel outside of the United States, please consult with the Office of International Programs and obtain their approval.

Approved:	
_____	_____
Office of International Programs	Date
Faculty Supervisor	Department Chair
Date	Date
Agency Supervisor	Dean
Date	Date

- Form Routing:
1. Faculty Supervisor
 2. Agency Supervisor
 3. Department Chair
 4. Academic Dean
 5. Career Services (copy of form from Dean)
 6. Registrar (list of students and classes from Dean)

Registrar's Office Only

CRN _____

Term _____

Date _____

Initials _____