

INTERNSHIP REQUEST FORM



Texas Wesleyan

OFFICE OF STUDENT RECORDS

registrar@txwes.edu

I. STUDENT INFORMATION

Student Name: _____

Student ID: _____

II. SEMESTER INFORMATION

Year: _____

Semester: Summer
 Fall
 Spring

May
 Winter

Session: I
 II

III
 Extended

III. COURSE INFORMATION

Course Prefix (CRJ)	Course Number (4494)	Section Number (01)	Instructor Name

Subject of Internship: _____

IV. REQUIRED SIGNATURE

Student Signature: _____

Date: _____

V. APPROVAL SIGNATURE

Instructor Signature: _____

Date: _____

Dept. Chair/Pgrm Dir. Signature: _____

Date: _____

Dean Signature: _____

Date: _____

This form must be presented at the time of registration and enrollment is processed when the internship packet is submitted to the Office of Student Records.

For Office of Student Records Use Only

Processed by: _____

Date: _____