



UTICA COLLEGE

School of Arts and Sciences

Internship Registration

TO THE REGISTRAR:

Student ID: _____

_____ has permission to register for the following:
(print name of student)

(Name of Internship)

(1-6 Cr. Hrs.)

(print department name and number)

Semester: _____

20_____

Supervisor's Signature

Date

Coordinator's Signature

Date

Dean's Signature

Date

Registration completed:

Recorder's Signature

Date

Study Plan and Contract

Student _____

Faculty Supervisor _____

Organization _____

Supervisor _____

Semester _____ 20____ Credit Hours _____

Goals:

Methods:

Means of Evaluation by the Faculty Supervisor:

(student's signature)

(date)