School of Computing

Internship Course Request Form

CIS 496/CIS 596

Student's Name:_____

Jag ID: J00_____

Semester/Year: _____

Major: _____

Course: ☐ CIS 496 ☐ CIS 596

I request permission to take this internship course as specified above. I have read thoroughly and understand the internship policies. I understand that it is my responsibility to consult promptly and frequently with the SoC Internship Coordinator and to insure that all necessary work is completed on time.

Date:_____ Student's Signature:_____

As SoC Internship Coordinator, I agree to direct this student's work as specified above, to evaluate the documentation submitted, and to assign an appropriate grade at its conclusion.

Date:_____ SoC Internship Coordinator's Signature:_____

Date Override Entered: _____