

# PETITION FOR ACADEMIC INTERNSHIP

*Note:* Continuing juniors and seniors who are in good standing (semester and cumulative grade point average of 2.0 or higher) are eligible to elect internships in a wide variety of fields for academic credit. Students may work in a job setting. These courses, numbered 197, must be approved in advance by a faculty supervisor and the faculty advisor. Students enrolled in internships are not permitted to enroll in more than a 5 course credits (including the internship). They are graded on a pass/no-pass basis only. Approval is not granted retroactively. Internships must be completed off campus.

Mills ID#: \_\_\_\_\_ Date (M/D/Y): \_\_\_\_/\_\_\_\_/\_\_\_\_

Deadline for filing Petition and Internship Job Description Forms at REGISTRAR'S OFFICE (M Center)

\_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_

Last First

MAILING ADDRESS:

\_\_\_\_\_

MAJOR: \_\_\_\_\_ CLASS: \_\_\_\_\_

\_\_\_\_\_

Total credit enrolled in during semester in which you plan to take an internship (not including credit):

\_\_\_\_\_

Note: Maximum course load allowed when enrolled in an internship is 5 credits. NO ACADEMIC OVERLOADS PERMITTED.

Internship Organization & Department:

\_\_\_\_\_

Intern's Title:

\_\_\_\_\_

\_\_\_\_\_

Academic Department: \_\_\_\_\_ 197 (Circle One) ; Fall, Spring, Summer, 20\_\_\_\_\_

To be completed by faculty supervisor: Please describe how you will supervise this student:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPROVED BY:**

**Faculty Internship Advisor:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

Print Name Signature

**Academic Advisor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Print Name Signature

**Major Department Head:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

Print Name Signature

To Faculty: Your signature indicates that you believe that the attached job description merits academic credit and is appropriate as part of this student's academic program.

For Registrar's Use only: G.P.A. \_\_\_\_\_ ASC Review Date \_\_\_\_\_ Approved?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Student Registration: CRN \_\_\_\_\_ Term: \_\_\_\_\_ Date: \_\_\_\_\_  
Initials \_\_\_\_\_