

PERU STATE COLLEGE

Graduate Program Internship Permission to Register

Name: _____ Phone: _____

Address: _____ E-mail Address: _____

City: _____ State: _____ Zip: _____ Student ID: _____

Major Area of Study: _____ Advisor: _____

Employer/Graduate Internship Site _____

Yes No I have been admitted to Candidacy for the Graduate Program.
 Yes No I have completed at least 18 credits of graduate coursework.
 Yes No I am in good academic standing (3.00 GPA or above).

Have you previously enrolled for graduate internship credit? Yes No If yes, how many credits? _____

I understand that any false information on this or any other internship-related form will be sufficient reason for rejection or termination of my graduate internship, and I will receive a grade of 'F' for the internship. I herewith authorize and request PSC to communicate with my internship site supervisor regarding my performance and herewith hold such persons harmless for giving any and all information within their knowledge or records. It is the responsibility of the graduate student intern to meet the requirements for the Graduate Program Internship in a timely manner and within the semester enrolled. Failure to do so may result in termination of the graduate internship or assignment of grade of "F".

Graduate Student Signature

Date

Please allow the above named student to register for the following Graduate Program Internship.

<i>Call No.</i>	<i>Dept.</i>	<i>Course No.</i>	<i>Section No.</i>	<i>Credit Hours</i>	<i>Semester</i>	<i>Year</i>

Dean of Graduate Programs

Date