

Quincy University

APPLICATION AND REGISTRATION FOR PRACTICUM OR INTERNSHIP

Fall 20 _____ Spring 20 _____ Summer 20 _____

This form, presenting a full description of the Practicum or Internship together with the identification of the participating organization/firm/agency/government body and naming the responsible on-site supervisor, is required for registration.

This application must be approved before the practical experience begins for credit to be granted.

Name: _____ ID #: _____

Student Cell Phone _____ Class - FR _____ SO _____ JR _____ SR _____

Practicum or Internship Hrs. previously approved _____ Course Number _____

Course Title _____ Sem. Hrs. Sought _____

Participating Agency, Firm, or Governing Body _____

On-Site Supervisor _____ Telephone _____

Email _____

Description of Practicum or Internship:

Dates:	Hrs. Per Week:	Total Clock Hrs. Per Semester:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student Signature: _____ Date _____

APPROVAL:

Academic Advisor _____ Date _____

Instructor _____ Date _____

Dean/ Chair _____ Date _____

- REGISTRAR'S OFFICE USE -	
_____	_____
Date	Initial