

RETURN TO THE GRADUATE SCHOOL
UNIVERSITY OF NORTH CAROLINA AT WILMINGTON
GRADUATE SCHOOL
Permission to Enroll
Graduate Internship

Date _____

_____, Student I.D. _____
Full Name of Student

Has permission to register for _____ with _____ hours credit
Prefix Number

For the _____ semester, _____ year. The internship will be located at:

Total Hours for Semester Schedule: _____ Total Credit Hours: _____

GPA: _____

How will the student's work during the internship be monitored and evaluated by the agency supervisor?
(e.g., meetings with intern, checklists, informal reporting by co-workers, etc.).

How will the student's work during the internship be monitored and evaluated by the faculty supervisor?
(e.g., meetings with intern and/or agency supervisor, reports submitted by intern and by agency supervisor, etc.)

Approved:

Faculty supervisor: _____; Graduate Coordinator: _____
Date Date

Agency: _____; Graduate School: _____
Date Date

Cc: Registrar; Faculty Advisor; Agency; Student; Graduate School