**Off-Campus Internship Form**

Student name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Laker ID # \_\_900\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of faculty internship coordinator \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester to register \_\_\_\_\_\_\_\_

Course to register \_\_\_\_\_\_\_\_

Has the student taken an Off-Campus Internship course previously for credit (*You can only count the course once in the directed electives of the Chemistry Degree curriculum*): \_\_\_\_\_\_\_\_\_\_

Not including this course how many experiential learning courses (BIOL/CHEM/PHYS 3210, 3211, 3220, 3221, 3230, 3231, 4230, 4231) has the student previously taken (*Students are limited to a total of 4 experiential learning courses in the B.S. CHEM curriculum, 3 in the B.S. BIOL curriculum, and 1 in the BIOL, CHEM and PHYS minors.*)?\_\_\_\_\_\_\_\_\_\_

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Signature of Student Date

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Signature of Faculty Coordinator for Internship Course Date

*Please sign once the student has secured an internship and provided paperwork for internship.*

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| *Administrative use only*  Course prefix and number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CRN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |