



School of Computing
Internship Course Request Form
CIS 496 & CIS 596

Student's Name: _____

Jag ID: J00 _____

Semester/Year: _____

Major: _____

Course: CIS 496 CIS 596

I request permission to take this internship course as specified above. I have read thoroughly and understand the internship policies. I understand that it is my responsibility to consult promptly and frequently with the SoC Internship Coordinator and to insure that all necessary work is completed on time.

Date: _____ Student's Signature: _____

As SoC Internship Coordinator, I agree to direct this student's work as specified above, to evaluate the documentation submitted, and to assign an appropriate grade at its conclusion.

Date: _____ SoC Internship Coordinator's Signature: _____

Date Override Entered: _____