Hood College Graduate Application for Elective Internship (597)

Step 1 – complete the top portion of this form and submit to the registrar's office at hoodgrad@hood.edu with a copy of your official employment offer letter.

Name:				Student ID#:				
Graduate Program:					Email:			
Select the cou		CSIT 597	CYBR 597		HUM 597			
ITMG	i 597	MGMT 597	PSY 597					
Number of cre	edits (1-6):	Term	and Year (if summer, spec	cify which t	erm):			
Internship start date: Internship end date: Student Signature:								
				Date:				
-		ing by Registraı	's Office					
	egree candidate:				YES	NO		
GPA is at least		tor of non foundati	anal graduata saurasuusrl		YES	NO NO		
Student completed one semester of non-foundational graduate coursework: Student fulfilled minimum credit and GPA requirements for the specific course Number of internship credits completed previously:					YES YES	NO NO		
Registrar's Office Signature:					Date:			
Step 3 - Em	ployment Ver	ification by Care	er Center					
Employer has been verified:					NO)		
Position and offer has been verified: Comments (may be submitted separately via email):					YES NO			
Career Center Signature:					Date:			
Step 4 – Aca	demic departme	nt approvals						
Hood Instructo	or's Name (print	ed):						
Hood Instructor's Signature:					Date:			
Program Director's Signature:					Date:			
PDSO Signature (F1 Students Only):					Date:			
Step 5 - Find	al Registrar R	eview and Proce	ssing					
Approved:	roved: YES Registration Processed:				Internship Time Sheet Provided:			
Approved:	NO (explanat	tion to be provided	via email)					
Registrar's Signature:					Date:			