

Hood College Graduate Application for Elective Internship (597 or 697)

Confirm eligibility by completing the top portion of this form and submit to the registrar's office at hoodgrad@hood.edu

Name: _____ Student ID#: _____

Graduate Program: _____ Email: _____

Select the course number:

_____ BMS 597 (1-6 credits) _____ CSIT 597 (1-6 credits) _____ CYBR 597 (1-6 credits)
_____ HUM 597 (1-6 credits) _____ ITMG 597 (1-6 credits) _____ HIFX 597 (1-6 credits)
_____ MGMT 597 (1-6 credits) _____ LEAD 697 (1-8 credits)

Number of credits: _____ Term and Year (if summer, specify which term): _____

Student Signature: _____ Date: _____

Academic Screening by Registrar's Office

Student is a degree candidate:	YES	NO
GPA is at least 3.0:	YES	NO
Student completed one semester of non-foundational graduate coursework:	YES	NO
Student fulfilled minimum credit and GPA requirements for the specific course:	YES	NO
Number of internship credits completed previously: _____		
Internship start and end dates: _____		

Registrar's Office Signature: _____ Date: _____

Employment Verification by Career Center

Employer has been verified:	YES	NO
Position and offer has been verified:	YES	NO
Comments (may be submitted separately via email):		

Career Center Signature: _____ Date: _____

Academic department approvals

Hood Instructor's Name (printed): _____

Hood Instructor's Signature: _____ Date: _____

Program Director's Signature: _____ Date: _____

PDSO Signature (F1 Students Only): _____ Date: _____

Final Registrar Review and Registration Processing

Approved: YES Registration Processed: _____ Internship Time Sheet Provided: _____

Approved: NO (explanation to be provided via email)

Registrar's Signature: _____ Date: _____