

Term: _____

NOTE: This is **NOT** a registration Form - You **MUST** register for this Internship during the appropriate registration period.

INSTITUTIONS: Complete this form and submit it to the Department Chairperson for approval and forwarding to the Dean's Office. Deadline dates for submission of this application can be found at www.winona.edu/calendars. Students applying for an Independent Study must be fully matriculated with an established WSU GPA of 2.0 or higher.

Undergraduates: Internships may be approved only after completion of ⁶⁰~~34~~ credits. There is a limit of 12 internship credits per semester and 16 internship credits total which may apply toward a degree program. Exception: in cases where combined internship credits in a major and/or minor program combination will exceed 16 credits, a maximum of 21 credits may be applied toward graduation. A student applying for an Internship must be fully matriculated with an established WSU GPA of 2.0 or higher. Internships are P/NC only, with the exception that 3 credits of work related to courses may be taken for letter grade with the approval of the department chairperson and area dean. Consult your department for additional requirements.

Graduates: Consult your department about departmental conditions and limitations.

Name _____
Last First Middle

Cumulative GPA _____

Warrior Tech ID# _____

Classification: (circle one)

Freshman Sophomore

Junior Senior Graduate

The following information (local & email addresses) are requested so that the Dean's office can forward the Course ID number to you to enable you to register for the course via the web:

(Please PRINT)

Local Address _____

EMAIL ADDRESS _____ Local Phone Number _____

ART _____ 399 _____ 03 _____ Grade Type: P/NC _____ Letter Grade
Dept Name Course# Credits

Internship Title: I N T E R N : _____

Instructor's Name: _____ ChunLok Mah

Instructor's Tech ID #: _____ 00832459

**DO NOT COMPLETE
-OFFICE USE ONLY-**

COURSE ID

At which campus do you wish to register? _____ Winona _____ Rochester

Internship Agency/Site: _____

Address: _____

List all previous and/or pending internships: _____

Total internship credits earned and/or applied for (including this application): _____

INSTRUCTOR: Attach description of the Internship, outlining the student's responsibilities and the methods by which the internship will be supervised and evaluated.

Student's Signature Date

Chairperson's Signature Date

Approve / Disapproved

Instructor's Signature Date

Dean's Signature Date

Approve / Disapproved

Graduate Director's Signature Date
(if applicable)

Approve / Disapproved

