

QUINCY UNIVERSITY

APPLICATION AND REGISTRATION FOR PRACTICUM OR INTERNSHIP

Fall 20____ Spring 20____ Summer 20____

This form, presenting a full description of the Practicum or Internship together with the identification of the participating organization/firm/agency/government body and naming the responsible on-site supervisor, is required for registration.

This application must be approved before the practical experience begins for credit to be granted.

Name _____ ID # (or SSN): _____

Class- FR ____ SO ____ JR ____ SR ____

Course Number _____ Title _____ Sem. Hrs. Sought ____

Participating Agency, Firm, or Governing Body _____

On-Site Supervisor _____ Telephone _____

Description of Practicum or Internship:

Dates:	Hrs Per Week:	Total Clock Hrs. Per Semester:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student's Signature _____ Date _____

APPROVAL:
Academic Advisor _____ Date _____

Instructor _____ Date _____

Dean/ Chair _____ Date _____

REGISTRAR'S OFFICE USE	
Date _____	Initials _____