Graduate Professional Practice Registration Form
Information Systems Program
School of Information Technology

This form must be completed and submitted to the IT graduate advisor before registering for one credit hour of IT 498. A copy of an official offer letter from the company, including your name and your start and end dates, must accompany this form. Please note that IT 498 MAY NOT be used for credit towards the Information Systems graduate degree program. A grade of CR (Credit) or NC (No Credit) will be issued upon completion of professional practice.

FALL _____ SPRING _____ SUMMER _____ 20_____ (Check appropriate semester)

Student Name (Print) _____ UID# _____

Phone (_____) _____ Email_____

Internship Offer

Company Name_____

Address _____

City _____ State _____ Zip_____ Salary (optional) _____

Company Supervisor's Name_____

Supervisor's Phone Number (_____) _____

Job Description (Briefly describe your internship job duties or attach your internship position description)

_____

_____

Start Date_____ End Date _____ Hours per week _____

I certify that the above information is accurate and describes to the best of my ability the internship I have arranged with the company named above. I understand that if this information is found to be false I will not receive credit for this internship.

Student Signature_____Date_____

--FOR OFFICE USE ONLY--

Granted_____ Denied_____

If denied, reason _____

Date Permit Granted_____ IT Advisor Signature _____