



School of Computing  
Internship Course Request Form  
CIS 496/CIS 596

Student's Name: \_\_\_\_\_

Jag ID: J00 \_\_\_\_\_

Semester/Year: \_\_\_\_\_

Major: \_\_\_\_\_

Course:            CIS 496            CIS 596

I request permission to take this internship course as specified above. I have read thoroughly and understand the internship policies. I understand that it is my responsibility to consult promptly and frequently with the SoC Internship Coordinator and to insure that all necessary work is completed on time.

Date: \_\_\_\_\_ Student's Signature: \_\_\_\_\_

As SoC Internship Coordinator, I agree to direct this student's work as specified above, to evaluate the documentation submitted, and to assign an appropriate grade at its conclusion.

Date: \_\_\_\_\_ SoC Internship Coordinator's Signature: \_\_\_\_\_

Date Override Entered: \_\_\_\_\_