UNIVERSITY OF WISCONSIN

PERMIT TO REGISTER FOR INTERNSHIP



This form must be signed by the student, the supervising instructor and the appropriate department chair. Submit completed form to Registrar's Office by the add deadline for the term to officially register. Forms received without all required signatures and information will NOT be processed.

Student NAME Last	First		7-Digit SOLAR ID				
Spring Sumi	mer 🛛 Fall 🗌 Win	iterim 20	PHONE ()			
** THIS FORM WILL NOT BE PROCESSED UNLESS ALL PARTS ARE COMPLETED. **							
Subject (ie. ENG	L) Catalog Numbe	r Section Number	Class Number	Credits	Audit Only		
	94				□ Yes		
Important: Class Number must be provided to process class enrollment.							
TITLE - to be shown on student's transcript:							
(TITLE IS LIMITED TO 30 CHARACTERS including SPACES - ABBREVIATE IF NECESSARY)							

Summary of project/experience (detailed description attached):

Method of Evaluation:

Start Date	End Date	
Internship Site	Address	
Site Supervisor (PRINT CLEARLY)	Email	Phone
Supervising Instructor (PRINT CLEARLY)	Email	Phone
Supervising Instructor (SIGNATURE)	Department Chair (SIGNATURE)	
Date		Date

Dean's signature required if submitted after the LATE ADD date:

Dean's Signature

Date

I agree to pay the tuition/fees for this class by the semester due date OR if registering later, within one week of registration. I understand that if I officially drop/withdraw (by filing the appropriate form with the Office of the Registrar) and I have not paid fees and assessments, I will be obligated for the fees and assessments in effect on that date.