

CHEYNEY UNIVERSITY OF PENNSYLVANIA
Internship for Academic Credit
Course Registration Form (Revised July 3, 2013)
(Please Print)

To be completed by the Professor of Record for the Internship. Completed form must be received in the Office of the Registrar prior to student registration/participation.

Date _____

Student: _____ ID # _____

GPA Requirements Met: Yes ___ No ___ Credits earned requirements met: Yes ___ No ___

Term _____ Year _____ Course # _____ Section _____ # Credits _____

Number of Internship hours required to earn course credits: _____

Department: _____ Faculty Submitting Grade _____

Fully Executed Contract with (Site Name) _____

Site Co-Ordinator: _____ Phone: _____

Name of Faculty Approving Internship Site for credits: _____

Job Description Attached: Yes _____ No _____ Approved By: _____

(Registrar Office Completion Only)

New Site: Yes _____ No _____ Previously Approved Site: Yes _____ No _____

Comments: _____

Processed by _____ Date _____