

**DEPARTMENT OF AGRICULTURE, BIOLOGY, AND HEALTH SCIENCES
CAMERON UNIVERSITY**

Application to Earn Credit for an Internship Experience in Agriculture or Biology

Please complete this form electronically and submit to your academic advisor.

Name: _____ Date: _____

Student ID#: _____ Major: _____

Classification: _____ Overall GPA: _____

Name of Academic Advisor: _____

Faculty Member Serving as Instructor of Records: _____

Number of Credit Hours Requested: _____

I wish to apply for permission to earn Academic credit in conjunction with an internship I will have at:

Name of Company: _____

Starting on _____ and ending on _____

This internship will require approximately _____ hours per week.

My direct supervisor will be:

Name: _____

Title: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

I may currently be reached at:

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

I certify that all information provided in connection with this application is, to the best of my knowledge, correct:

Student Signature

Date

Approvals:

Proposed Instructor of Records

Date

Academic Advisor

Date

Department Chair

Date