



**CAREER SERVICES
ELP ENROLLMENT REQUEST FORM**

Part 1. Student Portion

Name _____ Major _____
Address _____ SS# _____
Telephone _____ Email _____

During which term and academic year will you be doing the co-op/internship?

Student's Signature _____ Date _____

Part 2. Academic Advisor/Academic Program Manager Portion

I, _____, have determined that the above named student meets all co-op/internships requirements, and I have specified the student's cumulative GPA and credit hours below.

Cumulative GPA _____ Number of earned college-level credit hours _____

Academic Advisor/Academic Program Manager Signature _____ Date _____

Part 3. Academic Director Portion

(Director of student's major department)

Approved _____ Denied _____

Comments: _____

If approved, please list the faculty member supervising the co-op/internship _____

Signature _____ Date _____
(Director of student's major department)

Part 4 Career Services Approval

(Career Services must approval opportunity before credit can be given)

Position _____ Organization _____

Approved _____ Denied _____

The Coop/Internship has been denied because:

Career Services Staff Signature _____ Date _____