Bachelor of Individualized Study

Permission to Register for BIS 495 Internship

(Please Print)

Student

Student name: _____ G #: _____

BIS 495 for the _____ Term: _____ ☐ Internship

Fall/Spring/Summer

Title | | | | | | | | | | | | | | | | | | | | | | | | | | |

(Limited to 30 Characters Including Spaces)

Credit Hours (1 – 3) _____ Permission submitted on: _____

I have read the Information and Guidelines for BIS 495 Internship. I agree to follow the policies and procedures outlined within it.

Student Signature: _____

Date

Phone Number: _____

Faculty Mentor

Name: _____ Email: _____

Signature: _____

Date

Department: _____ SSN # (Adjunct faculty) _____

Brief Description of Internship to be undertaken :

BIS Director

Director signature: _____

Date