

COMMUNICATION DIVISION

PERMISSION FORM FOR COURSES REQUIRING DIVISION/INSTRUCTOR APPROVAL

Upon approval of the instructor, the student should bring this form to the division office for approval from the Chair of the Division

Student: _____ I.D. _____ Term: _____

Dept/Discp.: _____ Course No.: _____ Section: _____

Units: _____ Grading: CR/NC _____ Grade: _____

Course Title: _____ Instructor: _____

**RETROACTIVE CREDIT WILL NOT BE GIVEN FOR INTERNSHIP WORK
COMPLETED PRIOR TO THE TIME FRAME IN WHICH THE STUDENT
ENROLLS FOR INTERNSHIP CREDIT**

SIGNATURES

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

Department's Signature: _____ Date: _____

NOTE:

ONCE THE INTERNSHIP IS APPROVED WITH BOTH INSTRUCTOR'S & CHAIR'S SIGNATURE, THE OFFICE MANAGER WILL INPUT THE COURSE ON THE SYSTEM AND PERMIT YOU INTO IT.

THE INTERNSHIP CAN ONLY BE PROCESSED IN THE COMMUNICATION DIVISION OFFICE.