

**Internship Preapproval Form
Management and Human Resources
Department**

Please note the amount of work hours/units and select the correct course. 4410-Part Time/4420-Full Time

MHR 4410 18-35 Hrs/Week **1-Unit Course 1st time** **2-Unit Course 2nd time**

MHR 4420 36-40 Hrs/Week **3-Unit Course**

Semester: Fall Spring Summer Start Date _____ End Date _____

Student Name: _____ Date: _____

Bronco ID: _____ CPP Email: _____

Phone: _____

(You must do your Internship during the same semester as you are registered for the course—No Exceptions!)

Internship Company Name: _____

Address: _____

Supervisor's Name: _____

Supervisor's Phone: _____ Email: _____

Internship Position Title: _____

Are you using your current job to fulfill your internship requirement? Yes No

NOTE: This form must be submitted with a job announcement. Submit a copy of the job announcement for which you applied, signed by supervisor. If the job announcement is not available, you must provide a detailed internship description specifying the duties and tasks you will be performing, also signed by supervisor.

MHR Department Use Only:

Denied:

Approved MHR _____ CRN _____ Prof. _____ Per # _____ Email _____

Faculty or Department Chair Signature: