

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 <input type="checkbox"/> 18-35 Hrs/Week	1-Unit Course 1st Time <input type="checkbox"/>	2-Unit Course 2nd Time <input type="checkbox"/>
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MHR 4420 <input type="checkbox"/> 36-40 Hrs/Week	3-Unit Course 1st Time
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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: _____

Company Address: _____

Supervisor Name: _____

Supervisor Phone: _____ Email: _____

Internship Position Title: _____

Are you using our 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: _____