

EASTERN ILLINOIS UNIVERSITY
SCHOOL OF TECHNOLOGY

INTERNSHIP APPROVAL FORM

Name: _____ E# _____			
Campus Address: _____			
Campus Phone #: _____			
Cell Phone #: _____			
Email: _____			
Permanent Address: _____			
Permanent Phone #: _____			
Semester of Intended Internship:			
Summer	Fall	Spring	Year _____
Course:			
COS 4275	INT 4275	TEC 5980	Semester Hours _____
Cumulative GPA:	Undergraduate _____	Graduate _____	

NOTE: You must have your transportation to and from the internship site for the entire length of the internship. These forms must be completed, signed, and attached before enrollment in the course:

[Internship Agreement Form](#)

[Internship Plan](#)

The following must be completed and submitted before credit can be earned:

[Weekly Journal of Activities](#)

[Site Supervisor's Final Evaluation](#)

Student Date

Undergraduate Academic Advisor/Graduate Academic Advisor Date

Internship Coordinator at School of Technology Date

Chair, School of Technology Date