

UNDERGRADUATE INTERNSHIP ENROLLMENT School of Business

University of Houston-Clear Lake

AUTHORIZATION FOR INTERNSHIP REGISTRATION

Complete this form, obtain required signatures, and return it to the Office of Enrollment Services prior to the end of registration.

STUDENT'S LAST NAME (PLEASE PRINT) FIRST MIDDLE STUDENT ID NUMBER

STUDENT'S SIGNATURE DATE

My signature indicates my authorization to be enrolled in internship. I understand it is my responsibility to pay all required tuition and fees by the stipulated fee payment deadline.

Semester: Fall Spring Summer

SUBJECT _____ NUMBER _____

INSTRUCTOR SIGNATURE:

INSTRUCTORS'S LAST NAME (PLEASE PRINT) FIRST MIDDLE INITIAL FACULTY ID NUMBER

INSTRUCTOR SIGNATURE DATE

ASSOCIATE DEAN AUTHORIZATION:

ASSOCIATE DEAN'S SIGNATURE DATE

OFFICE USE ONLY

Class #: _____

Processed by: _____

Date: _____