

Records Office - White Copy
Department Chairperson - Yellow Copy
Advisor - Green Copy
Dean - Canary Copy
Instructor - Pink Copy
Student - Goldenrod Copy

You may type directly on this form. Then Print.

UNIVERSITY OF SOUTH CAROLINA INTERNSHIP CONTRACT

ALL REQUIRED SIGNATURES MUST BE OBTAINED PRIOR TO REGISTRATION.

Student's Name (*Print*) _____ Local Phone _____

Student Number (*SSN*) _____ Major _____

Course Number

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Department

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Prefix

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Course Number

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Suffix

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Section

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Credits

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Schedule Code

Term

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Fall

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Spring

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Summer I

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Summer II

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Year

Instructor (*Print*) _____

To be completed by the instructor who will supervise the study

Location:

On site supervisor: (Name/Telephone Number)

Description of Internship: (Conditions, duties, hours, etc.)

Objectives: (What new skills and/or information will the student acquire?)

Textbooks, Readings or other Resources to be used:

Method of evaluation:

Instructor's Signature

I understand that completion of this form does not constitute registration, and that I must register for this course in the usual manner. Student is to present white copy to the Office of the Registrar to complete registration.

Student's Signature

Date

Department Chairperson/Area Head

Date

Advisor's Signature

Date

Student's Dean (Undergraduates only)

Date