



511 Goodell Building
413-545-2224 | careerservices@umass.edu
www.umass.edu/careers

DEPARTMENT PERMISSION FOR STUDENT AWAY ON INTERNSHIP OR CO-OP

To be signed by either an Academic Dean, Academic Advisor or Faculty Advisor

I give my permission for Student Name

to participate in an Internship or Cooperative Education (co-op) work placement for:

FALL WINTER SPRING SUMMER 20
(Circle one or more)

at Company Name Location

I have spoken to the student named above, and agree that the student will not lose their standing as a major within this department while participating in the Internship and Co-operative Education Program.

(Signature) Academic Dean or Academic or Faculty Advisor*

(printed name)

Department

Telephone

Date

OPTIONAL—FOR DEPARTMENTAL USE

Table with 2 columns: COURSE SELECTION FOR RETURNING SEMESTER and HAVE YOU ARRANGED FOR: (Financial Aid, Housing, Health Insurance)

*Note: This form may also be signed by the Department Head or Chief Undergraduate Advisor.