

Undergraduate Internships and Co-ops ACADEMIC DEAN'S APPROVAL FORM

I am seeking special permission to participate in an internship for credit or a co-op, because I do not meet one or both of the following requirements:

Under 45 credits	Under a 2.0 GPA	(please check one or both)
Name	Major	ID
Internship or Co-op Company Name	City	State
Faculty Sponsor's Name (or n/a)	Hours per week	#credits (or n/a)
Student's reason for wanting to hav	e this experience:	
Academic Dean's Printed Name	/Signature/	Date

Upload a signed copy of this form to your online internship or co-op contract in Handshake.

Questions? Contact the Field Experience Program Office, Career Development Hub, 511 Goodell Building 413-545-2224 / internships@umass.edu