

Career Development Hub

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

I am seeking special permission to participate in a credited internship or a co-op because (check all that apply):

My GPA is under 2.0 _____

I have earned fewer than 45 credits _____

Student 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 have this experience:

Academic Dean's Printed Name

/Signature/

Date

Upload a signed copy of this form to your Experiential Learning Request in SPIRE.

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

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