

Career Development Hub

DEPARTMENT PERMISSION FOR UNDERGRADUATE STUDENT AWAY ON INTERNSHIP OR CO-OP

*To be signed by an Academic Advisor or Faculty Advisor**

I give my permission for _____
Student Name

to participate in an Internship or Co-op work placement for:

FALL _____ WINTER _____ SPRING _____ SUMMER _____ 20_____
(Circle or check off one or more semesters) *(year)*

at _____
Company Name *Location*

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

*(Signature) Academic Advisor or Faculty Advisor**

(printed name)

Department

Email address

Date

OPTIONAL—FOR ACADEMIC DEPARTMENTAL USE

COURSE SELECTION FOR RETURNING SEMESTER: _____ _____ _____ _____	HAVE YOU ARRANGED FOR: _____ Financial Aid _____ Housing for your return _____ Health Insurance
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**Note: This form may also be signed by the Department Head, Chief Undergraduate Advisor or Academic Dean.*

Students upload a signed copy of this form to their Experiential Learning Request form in SPIRE.

If you have any questions, or for more information, contact the **Field Experience Program Office, Career Development Hub**, at internships@umass.edu for assistance.