

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 one or more)

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

Telephone

Date

OPTIONAL—FOR ACADEMIC DEPARTMENTAL USE

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

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

If you have any questions, or for more information, contact the **Field Experience Program Office, Career Development Hub**, located in 511 Goodell Building at internships@umass.edu or at **413-545-2224**.