CAREER SERVICES
UMassAmherst

511 Goodell Building
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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 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 Cooperative Education Program.

_____ _____
*(Signature) Academic Dean or Academic or Faculty Advisor** *(printed name)*

_____ _____ _____
Department *Telephone* *Date*

OPTIONAL—FOR ACADEMIC DEPARTMENTAL USE

COURSE SELECTION FOR RETURNING SEMESTER:

_____
_____
_____
_____

HAVE YOU ARRANGED FOR:

_____Financial Aid
_____Housing for your return
_____Health Insurance

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