MISSISSIPPI STATE UNIVERSITY Request to Complete Additional Course During Teaching Internship

Please provide the following information to file a formal request to complete a course during the teaching internship. Your request will be submitted to a committee and permission will only be granted upon approval of the committee and the Dean of Education.

Name:	NetID:
Last Name First Name	Middle Initial
Major:	9 Digit ID#:
Semester of Internship:	Overal GPA:
Name of Course:	
Course Prefix and Number Course Title	Semester Hours
Where, how, and when will course be completed?	
Institution:	
	l Topic Regular Class Other
Timeline of Course: Starting Date:	Ending Date:
I understand that the teaching internship semester is a full-tin not be reduced to accommodate my overload if permission is	ne experience. The expectations and standards of the internship will granted for an additional course to be completed.
Student's Signature	Date
Action taken by the committee:	
Approved Denied	Date of Action
Signature of Advisor	Signature of Faculty/Committee Member
Signature of Director of Clinical/Field- Based Instruction and Licensure	Signature of Dean of Education