Please provide the following information to file a formal request to complete a course during the teaching internship. You should obtain the following signatures in the order noted: Advisor, Department Head, Director of OCFBI, Dean of COE. Your request will only be granted upon approval of all aforementioned parties.

**Name:** ___________________________________________  **NetID:** ________________________

**Major:** ___________________________________________  **9 Digit ID#:** ______________________

**Semester of Internship:** _____________________________  **Overall GPA:** ______________________

**Name of Course:**

<table>
<thead>
<tr>
<th>Course Prefix and Number</th>
<th>Course Title</th>
<th>Semester Hours</th>
</tr>
</thead>
</table>

**Where, how, and when will course be completed?**

**Institution:** ___________________________________________

*Please check one*

- Online _____
- Independent Study _____
- Special Topic _____
- Regular Class _____
- Other __________

**Timeline of Course:** Starting Date: ___________ Ending Date: ___________

**Background and Justification for Request (use additional paper if necessary):**

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

I understand that the teaching internship semester is a full-time experience. The expectations and standards of the internship will not be reduced to accommodate my overload if permission is 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 Department Head ___________________________

Signature of Director of Clinical/Field-Based Instruction, Licensure, and Outreach ___________________________

Signature of Dean of Education ___________________________