

# State College of Florida, Manatee-Sarasota Internship Program Application

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Student ID #: G00 \_\_\_\_\_ Email: \_\_\_\_\_

Student Address: \_\_\_\_\_  
*Street* *City* *State* *Zip*

I request permission to take: \_\_\_\_\_ Semester Hours: \_\_\_\_\_  
*Course Prefix/Number*

Course Title: \_\_\_\_\_  
*Course Title (Required)*

Reason for Request: \_\_\_\_\_

Semester in which course is to be taken: \_\_\_\_\_ Campus: \_\_\_\_\_

Date student agrees to complete course: \_\_\_\_\_

Academic Program: \_\_\_\_\_

\_\_\_\_\_  
*Student Signature* *Date*

\_\_\_\_\_  
*Program Manager/Faculty Advisor Signature* *Date*

G00  
*Program Manager/Faculty Advisor ID Number*

**Note:**

- ▶ Proof of course registration and payment must be presented to the program manager/faculty advisor before course-work may begin.
- ▶ Students not currently enrolled must be admitted to SCF prior to completing this registration; current tuition rates and fees apply.
- ▶ The program manager/faculty advisor will be responsible for turning in the final grade to the registrar. Internships must be completed within one term.

**STUDENT AND PROGRAM MANAGER/FACULTY ADVISOR COMPLETE ALL INFORMATION ON THIS PAGE ABOVE DOTTED LINE**

\_\_\_\_\_  
*Department Chair Signature*

Permit Student <input type="checkbox"/>	Instructor Notified <input type="checkbox"/>
Instructor To Be Paid	Yes <input type="checkbox"/> No <input type="checkbox"/>

Approved <input type="checkbox"/> Denied <input type="checkbox"/> Date: _____
CRN#: _____ Term: _____
Syllabus given to student <input type="checkbox"/>
Performance standards given to student <input type="checkbox"/>
PAF Yes <input type="checkbox"/> No <input type="checkbox"/> Date Signed: _____