FCS 4290 INTERNSHIP APPROVAL FORM
Western Michigan University, Department of Family & Consumer Sciences
Mailing Address: 3326 Kehrman Hall Kalamazoo, MI, 49008-5322 FAX: (269) 387-3353

Clearly PRINT ALL information. ALL areas must be COMPLETE before you will be registered. Form MUST be submitted by the first day of the requested semester. Form may be mailed, faxed, or scanned and emailed.

Student Name_______________________________________WIN#________________________

Address__________________________________________________________________________Phone: (________)________________________

City, State, Zip____________________________________________________WMU email _____________

Circle your major/minor: Family Studies Child & Family Development Family Life Education

Circle # of Credit Hours Requested: 3 6 (60 clock hours for each credit hour requested)

Semester Requested: FALL SPRING SUM I only SUM II only SUM I and II

Have you previously received credit for internship or field experience? YES NO

If yes, when and where? Year ________ Semester ________ At what location or organization? ________________

Name of Organization ________________________________________________________________

Address (city, state, zip)______________________________________________________________

Supervisor’s Name: Mr./Ms.________________________________Title _______________________

Phone (________)________________________Email ________________________________

DETAILED Description of Student’s Responsibilities and Daily Activities:

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I am not (currently or in the past) employed by the organization listed above.

Student Signature ______________________ Date ____________________ Site Supervisor Signature ______________________ Date ____________________

Major Faculty Signature ______________________ Date ____________________

4/13/16