



The American University of Rome  
Office of the Registrar

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## **Internship Course Approval Form**

SEMESTER: \_\_\_\_\_

STUDENT: \_\_\_\_\_ Major: \_\_\_\_\_  
Last name First name

Current Status:  Freshman  Sophomore  Junior  Senior

Internship description and date of internship:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Credits: \_\_\_\_\_ Name of Professor: \_\_\_\_\_

\_\_\_\_\_  
Proposed by the Department Chair

\_\_\_\_\_  
Approved by the Internship Coordinator,  
Prof. Bob Sonnabend

Date: \_\_\_\_\_

*Approved Form is to be returned to the Office of the Registrar for registration of the course.*

Latest version updated November 2, 2004