

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. 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: _____
Last Name First Name Middle Initial

Major: _____ 9 Digit ID#: _____

Semester of Internship: _____ Overall GPA: _____

Name of Course:

Course Prefix and Number	Course Title	Semester Hours

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