

**UNIVERSITY COLLEGE**  
**University of Memphis**

**UNIV 4110 Internship Contract**

**NAME:** \_\_\_\_\_ / \_\_\_\_\_ **University ID #:** \_\_\_\_\_  
Print Signature

**University of Memphis E-Mail Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Coordinated Study Title or Major: \_\_\_\_\_

Registration for UNIV 4110 Internship: \_\_\_\_\_ **3 credit-hours (150 work hours)** \_\_\_\_\_ **6 credit-hours (300 work hours)**  
\_\_\_\_\_ **Fall** \_\_\_\_\_ **Spring** \_\_\_\_\_ **Summer** **20** \_\_\_\_\_ **semester.**

Work will begin \_\_\_\_\_, 20\_\_\_\_\_ and end \_\_\_\_\_, 20\_\_\_\_\_ (Use the best estimates)

Provide a brief description below of the proposed internship and include the name of the organization/business.

**APPROVED:**

**Internship Supervisor:** \_\_\_\_\_ / \_\_\_\_\_ **Date:** \_\_\_\_\_  
Print Signature

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Overseeing Administrator:** Dr. Dixie Crase / \_\_\_\_\_ **Date:** \_\_\_\_\_  
Print Signature

**University College**  
**Advisor/ Dean:** \_\_\_\_\_ / \_\_\_\_\_ **Date:** \_\_\_\_\_  
Print Signature

***This contract must be approved before you will receive a permit to register for UNIV 4110.***

**FOR OFFICE USE ONLY**

Date received: _____	Date Logged: _____	CRN Number: _____
Copied: _____	To be mailed: _____	Section Number: _____
To be picked up: _____		Permit Issued: _____