

Career Development Hub

Undergraduate Internships and Co-ops ACADEMIC DEAN'S APPROVAL FORM

I am seeking special permission to participate in an internship for credit or a co-op, because I do not meet one or both of the following requirements:

Under 45 credits ____ Under a 2.0 GPA ____ (please check one or both)

Name	Major	ID
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Internship or Co-op Company Name	City	State
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Faculty Sponsor's Name (or n/a)	Hours per week	#credits (or n/a)
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Student's reason for wanting to have this experience:

Academic Dean's Printed Name	/Signature/	Date
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Upload a signed copy of this form to your online internship or co-op contract in Handshake.

**Questions? Contact the Field Experience Program Office, Career Development Hub, 511 Goodell Building
413-545-2224 / internships@umass.edu**

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