

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. Your request will be submitted to a committee and permission will only be granted upon approval of the committee and the Dean of Education.

Name: _____ NetID: _____
Last Name First Name Middle Initial

Major: _____ 9 Digit ID#: _____

Semester of Internship: _____ Overall GPA: _____

Name of Course:

<small>Course Prefix and Number</small>	<small>Course Title</small>	<small>Semester Hours</small>
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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 Faculty/Committee Member

Signature of Director of Clinical/Field- Based Instruction and Licensure

Signature of Dean of Education