

Department of Information Systems

Application for Internship - MIS 755

<u>PART 1:</u> TO BE COMPLETED BY THE STUDENT. Please type or legibly print in the required areas below. This application must be submitted and approved prior to registration.		
Name:		NSHE#
UNLV e-mail:@ unlv.nevada.edu		Date:
Phone number:		Current Major:
Request is for (circle one): Fall Spring	Summer II Summer III	Year: 20
Please type or legibly print details of the proposed internship. Be specific and succinct and sign and date below. Attach any necessary documentation required by the application process.		
Applicant signature	Dat	e
PART 2: FOR MET DEPARTMENT USE ONLY. The application is not approved until all signatures are present.		
Graduate Coordinator:Pri Internship Coordinator:	nt	Sign
Pri Department Chair:		Sign
Completed on:		