

**Department of Educational Administration and
Human Resource Development**

Texas A&M University
511 Harrington
4226 TAMU
College Station, TX 77843-4226

Application for EDAD/EHRD 684 – Professional Internship

Please complete and return to the Office of Academic Advising Office

Date: _____

I, _____, UIN# _____

request authorization to register for _____ **EHRD 684** or _____ **EDAD 684 – Professional Internship** (In Absentia or Regular Reg.), during the _____ semester for _____ semester hours credit.

_____ has agreed to supervise the Internship.

(Full name of supervisor)

During this Internship, the professional capabilities that I expect to develop or enhance are:

I will spend approximately _____ clock hours per week performing these activities:

The name and address of the organization cooperating with this Internship is:

I understand and will comply with the general provisions of this application.

Student Signature

Chairperson's Signature

Representative of Organization Signature

Department Head Signature

NOTE: Approval of this application does not constitute registration.

