



EDUCATION LEARNING DISABILITIES INTERNSHIP FORM

For Learning Disabilities Program Students Only

1. Complete this form to create a section and enroll a student for an individually arranged work experience (internship, field experience, etc.)
2. Submit the form to graduate@nmu.edu for electronic signatures
3. Retain copy along with the Learning Agreement (Types 2 and 3) or job description (Type 4) in departmental Director files

DATE: _____ STUDENT IN: _____ EMAIL ADDRESS: _____

STUDENT NAME (L, F, M): _____

COURSE ID: ED 568A DEPARTMENT: School of Education, Leadership & Public Service

REGISTER STUDENT FOR ED 569A (COREQUISITE) COURSE CRN: _____

SEMESTER: _____ YEAR: _____

CREDIT HOURS*: _____ MINIMUM HOURS REQUIRED: _____

ONLINE COURSE? YES NO STUDENT WILL BE: PAID NOT PAID

INSTRUCT. FACULTY: ON LOAD FOR PAY FACULTY IN: _____

I have read the Academic Work Experiences Guidelines, available in share.nmu.edu and Academic Affairs websites, and confirm that an Affiliation Agreement with this organization is on file with Academic Affairs and a Learning Agreement for this student’s work experience is on file in the department office.

Instructing Faculty Name Instructing Faculty Signature Date

Department Head Name Department Head Signature Date

Dr. Susy Ziegler

Dean of Graduate Studies Name Dean of Graduate Studies Signature Date

Note: The completed form must be submitted to the College of Graduate Studies PRIOR to the start of the work experiences. Work experiences will NOT be added to the student’s record after the work experience has been completed.

FOR REGISTRAR’S USE ONLY:

ED 568A COURSE CRN: _____

*For non-credit earning (Type 4) work experiences, ID should be < 100 and Credit hours = 0