

Faculty Consent Form

It is the student's responsibility to supply the faculty member with the form, preserve the form, and to submit it to the Internship Faculty Coordinator one semester prior to the application to WLL 396. Please see the syllabus for details.

Please print clearly

I, _____, hereby consent to the application
(Faculty's Name)

of _____ (Student ID#: _____)
(Student's Name)

to WLL 396 in the _____ of _____ .
(Semester) (Academic Year)

Student's Major: _____

Student's Minor: _____

(Faculty Signature)

(Student Signature)

(Date)

By signing, you indicate that you have read and understand this form's contents.