

# Internship Registration Form

## College of Health, Science, & Technology



Visit [www.ucmo.edu/technology/intern/](http://www.ucmo.edu/technology/intern/) for instructions on completing this form.

### Student Information - Form Must Be Typed

Name \_\_\_\_\_

Student I.D. # (7 number) \_\_\_\_\_ Cum. GPA \_\_\_\_\_

Major \_\_\_\_\_

Total undergraduate/graduate hours completed at time of internship: \_\_\_\_\_

*During the internship period, the intern may be reached at:*

Street \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

International Phone \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_@ucmo.edu Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Alternate Email \_\_\_\_\_

### Company Information

Company Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Company Supervisor \_\_\_\_\_

Title of Company Supervisor \_\_\_\_\_ Supervisor's Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Supervisor's Email \_\_\_\_\_ Supervisor's Fax (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

International Supervisor's Phone \_\_\_\_\_

International Supervisor's Fax \_\_\_\_\_

Company's Website \_\_\_\_\_ Intern's Work Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Intern's International Phone Number \_\_\_\_\_

Intern's Job Title & Job Description \_\_\_\_\_

### The Fine Print

I have read the requirements for this internship as stated in the **Internship Syllabus**, available at [www.ucmo.edu/technology/intern/](http://www.ucmo.edu/technology/intern/), and agree that my grade will be determined by how well I meet the requirements and how my supervisor evaluates my work and attitude on the job. I understand that it is my sole responsibility to complete all of the requirements. I understand that all tuition fees (including those for this internship) must be paid to prevent automatic drops. It is my sole responsibility to ensure I have adequate insurance to cover accidents and illnesses while participating in the internship. The University is not responsible for accidents, illness, injury or damages sustained while participating in this program.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Major Program Faculty Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
UCM Internship Coordinator

\_\_\_\_\_  
Date

### Contact Information

Grinstead 009, Warrensburg, MO  
64093 Office: 660-543-4439  
techinterns@ucmo.edu  
[www.ucmo.edu/technology/intern/](http://www.ucmo.edu/technology/intern/)

### Course Information

#### Course You are taking

#### Term Enrolling:

Summer    Fall    Spring

**Year Enrolling:** 20\_\_\_\_

#### Credit Hours:

1    2    3    4    5    6

**Your Faculty Advisor:**

### Work Information

Start Date \_\_\_\_\_

End Date \_\_\_\_\_

Part Time    Full Time

#### Days Worked:

S    M    T    W    T    F    S

#### This Internship Is:

Paid    Unpaid

### Office Use Only

#### Notes: