



**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. Lisa Eckert		
_____	_____	_____
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