

REQUEST FOR LATE REGISTRATION FOR INTERNSHIP

Print this form, obtain the appropriate signatures, and bring to the Division Office for processing.
Note: Any unauthorized changes, altered dates, or forged signatures will result in disciplinary action.

Sections 1 & 2 must be complete **BEFORE** obtaining the Dean's signature.

Section 1: General Information (Please print or type all information)

Student Name _____ Student ID# _____
Local Address _____ Local Phone _____
City _____ State _____ Zip _____ Current Semester _____
CRN _____ COURSE SUBJ/NUMBER _____ Instructor _____

Reason(s) for this request: (Please note: Being unaware of the deadline is not a valid reason for an exception)

Student Signature Date

Section 2: Internship Supervisor (Cobleskill Faculty Member) Recommendation

I support I DO NOT support the petition. _____
Signature Date

Section 3: Dean's Signature*

I support I DO NOT support the petition. _____
Signature Date

*Dean of the Division in which the course is taught.