

Consent to Register for Internship, Field Work, Field Experience (*Fex*), or Cooperative Education (*Co-Op*)



Advising, Registration and Records
Phone (630) 617-3250
FAX (630) 617-3245

Date

Student Name Student ID or SS# Telephone ()

Address City ST ZIP Cell ()

(Circle) Term: Fall January Spring Summer

(Circle) Session: Traditional Adult

Department Number Session Credit Site

Grade Option: (Circle) A-F P/NP

Print Name of Faculty Monitor Date Approval of Internship Coordinator Date

Approval of Faculty Monitor Date Approval of Department Chair Date