

# 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