UNIVERSITY of WISCONSIN GREEN BAY	Internship 49 (Undergrad/Grad)		University of Wisconsin - Green Bay GBOSS (SS1100) 2420 Nicolet Dr Green Bay, WI 54311 Phone: 920-465-2111 Fax: 920-465-2765 gboss@uwgb.edu		
First Name:	Middle Name:	Last Name			
Campus ID:	Phone Number:	UWGB E	mail:		
Cumulative GPA:	Undergrad or Graduate Stud	Undergrad or Graduate Student:			
	ript (Description of what you will be doi class subject or N/A in this space:		-		
Class Subject (ex: Comm,	Math):	Term:	Year:	Credits:	
Instructor Name (please pr	int):				
Special Course Fee: \$	If there special fees, you must ol	otain College I	Dean's approval a	nd	
signature					
	sessed for all courses (up to the appro- er), if a student is registered for at least urses.				
Organization or Company	where you are doing your internship:				
Internship Supervisor (plea	ase print):	_E-mail:			
Address:	Phone:				
City:					
	ring organization. Please also include hours				

Instructor's Comments:

Student: if this form is approved after the add deadline (see Registration Calendar), you will be assessed a \$15.00 late add fee along with any applicable tuition and fees.

Student's Signature:	_Date:
Instructor's Signature:	Date:
······································	
Internship's Supervisor's Signature:	Date:
Instructor's Budgetary Chair's Signature:	Date: