



INSTRUCTOR APPROVED COURSE REGISTRATION

University of Wisconsin
Green Bay
Student Services (SS1100)
2420 Nicolet Dr
Green Bay, WI 54311
Phone: 920-465-2657
Fax: 920-465-2768
Email: registrar@uwgb.edu

Return here when
approved and signed by all.

Form on Registrar's web site

Instructions

1. COMPLETE REQUIRED INFORMATION BELOW. Print and sign this form and present to your instructor for their approval and their signature. (required fields are noted with asterisk)
 2. Submit the completed form with all required signatures to the Student Service Center, SS-1100
 3. Check SIS account to verify course enrollment after 1-3 business days.
 4. Regular semester enrollment deadlines apply. Courses will not be retroactively added to course schedule.
- To review the policies regarding Internships and <http://www.uwgb.edu/catalog/grad/independentstudy.htm> For the Graduate Independent Study policy, visit <http://www.uwgb.edu/catalog/grad/independentstudy.htm>

Fill in all personal info

*First Name: Abby *Middle Name: Queen *Last Name: Golden
*Campus ID#: xxx fill in *Phone: _____ *Campus Email: _____ *Cumulative GPA: _____

Proposed Work:

☐ Independent Study ☒ Internship ☐ Teaching Assistantship ☐ Project/Research Assistantship ☐ Honors

*Course Title on Transcript: You decide on a title for your transcript

*Term: SPRING *Year: 2013 *Class Subject: COMM *Catalog#: 497 *Credits: 3 *Class #: _____
en. 408 en. 12345

Special Course Fee: \$ _____ If there are fees, you must obtain the College Dean's approval & signature: _____

Student's Signature: Abby Golden Date: 2-1-13

Instructor's Signature: Comm Professor signs here Date: _____

Internship Supervisor Signature: ON-SITE person signs here Date: _____

Instructor's Budgetary Chair's Signature: Prof. Cliff Abbott (here) Date: _____

(Assoc. Dean of Grad Studies signature required for Graduate Level 797/798)

You can leave it in the Inbox
next to my (Prof. Bina's) office-
MAC C332. I'll send it to Prof.
Abbott. Pick up in his Outbox.

If proposing an INTERNSHIP, the following section must be completed:

*Company Name: _____ Address: _____
*Internship Supervisor (please print): _____ *Phone: _____ Email: _____

Responsibilities of the sponsoring organization. Please also include location, hours scheduled, beginning and ending dates and monetary compensation, if any, the student will receive: _____

ONLY the student can turn in this
form. Faculty cannot enroll you!

This section (above) must be filled out. A typical 3 credit internship is approx. 10 hours per week. It can be paid or unpaid-either still qualifies for credit. Only ONE 3 credit internship counts toward the COMM major. The rest will apply toward graduation credits.