

## Central Career Services

### **DEPARTMENT PERMISSION FOR UNDERGRADUATE STUDENT AWAY ON INTERNSHIP OR CO-OP**

*To be signed by either an Academic Dean, Academic Advisor or Faculty Advisor\**

I give my permission for \_\_\_\_\_  
Student Name

to participate in an Internship or Co-op work placement for:

FALL      WINTER      SPRING      SUMMER      20  
(Circle one or more)

at \_\_\_\_\_  
Company Name      Location

I have spoken to the student named above, and I agree that the student will not lose their standing as a major within this department while participating in the Internship and Cooperative Education Program.

\_\_\_\_\_  
(Signature) Academic Dean or Academic or Faculty Advisor\*      (printed name)

\_\_\_\_\_  
Department      Telephone      Date

#### OPTIONAL—FOR ACADEMIC DEPARTMENTAL USE

COURSE SELECTION FOR RETURNING SEMESTER: _____ _____ _____ _____	HAVE YOU ARRANGED FOR:
	_____ Financial Aid
	_____ Housing for your return
	_____ Health Insurance

*\*Note: This form may also be signed by the Department Head or Chief Undergraduate Advisor.*

**Upload a signed copy of this form to your online internship or co-op contract in Handshake.**

If you have any questions, or for more information, contact the **Field Experience Program Office, Central Career Services**, located in 511 Goodell Building at [internships@umass.edu](mailto:internships@umass.edu) or at 413-545-2224.