

## Central Career Services

### Undergraduate Internships and Co-ops ACADEMIC DEAN'S APPROVAL FORM

I am seeking special permission to participate in an internship for credit or a co-op, because I do not meet one or both of the following requirements:

Under 45 credits \_\_\_\_ Under a 2.0 GPA \_\_\_\_ (please check one or both)

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Name	Major	ID
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Internship or Co-op Company Name	City	State
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Faculty Sponsor's Name (or n/a)	Hours per week	#credits
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Student's reason for wanting to have this experience:

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Academic Dean's Printed Name	/Signature/	Date
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***Upload a signed copy of this form to your online internship or co-op contract in Handshake.***

Questions? Contact the Field Experience Program Office, Central Career Services, 511 Goodell Building  
413-545-2224 / [internships@umass.edu](mailto:internships@umass.edu)

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