

Registration for Undergraduate Internship, WGS 490

Name: _____ Date: _____

UT Student ID _____ Email: _____

Cumulative GPA _____ Major(s) _____

Minor(s) _____

Have you previously received UT credit for any internships? If so, list course number, credits, grade, and date: _____

Semester of proposed internship _____ Requested number of credits _____

Internship Agency or Organization _____

Name of supervisor at agency _____

Supervisor's phone number and email address: _____

Briefly describe your specific duties for your proposed internship, approximate hours per week, and how it will further your education in WGS:

Briefly outline the nature of the academic work products that you will complete as part of this course (e.g. journal writing, research paper, symposium presentation, etc.). Due dates will be agreed upon with the WGS Chair.

Student signature and date _____

Organization supervisor signature and date _____

Please return to WGS chair, rmgolden@utk.edu, School of Music, 1741 Volunteer Blvd

Approved by _____

Date _____