

NORTHERN MICHIGAN UNIVERSITY

Individual Student-Arranged Work Experience Course Registration

Date: _____

Student:

(last) (first) (M.I.)

NMU IN: _____ E-mail address: _____

To be completed by the instructing faculty member:

Work experience Course ID*: _____ Department: _____

Semester: ___ Fall ___ Winter ___ Summer Year: _____

Credit Hours*: _____ Minimum hours required to earn credits listed: _____

Student will be: ___ Paid ___ Not Paid

Instructing Faculty Information: ___ on load ___ for pay

Department Head Signature Date

Print name of Instructing Faculty

Dean Signature (if required) Date

NMU IN of Instructing Faculty

Director of Graduate Education

I have read the Academic Work Experiences Guidelines, available in share.nmu.edu and Academic Affairs websites, and confirm that an Affiliation Agreement with this organization is on file with Academic Affairs and a Learning Agreement for this student's work experience is on file in the department office.

Instructing Faculty Signature Date

Note: The completed form with necessary signatures must be submitted to the Registrar's Office, 2202 Hedgecock, PRIOR to the start of the work experiences. Work experiences will NOT be added to the student's record after the work experience has been completed.

Course CRN: _____

*For non-credit earning (Type 4) work experiences, ID should be < 100 and Credit hours = 0

Procedure

1. Complete this form to create a section and enroll a student for an individually arranged work experience (internship, field experience, etc.)
2. Obtain required signatures.
3. Submit to Registrar's Office before work begins (or at least before end of the semester)
4. Retain copy along with the Learning Agreement (Types 2 and 3) or job description (Type 4) in departmental Director files.