seeking to obtain academic credit through your academic department or Career Services (general elective credit). Please note that your academic department may have additional forms for you to complete. Student Name (Last, First, Middle): M Number: Murray State Email: International Student Yes (I will use CPT) No Preferred Phone #: Is this the final semester of your current degree? ☐Yes Date of Graduation: Classification: Freshman Sophomore Junior Senior Graduate Student College __ Department: Area/Major: Major 2: I am seeking credit through Academic Department Career Services Summer Fall Semester Spring Internship Instructor of Record: _____ Internship Course Number: _____ Internship Course Name: _____ Internship Title: Internship Dates: Supervisor: Organization: Supervisor Email: _____ Supervisor Phone: _____ Please check to confirm you have taken care of the following (as is applicable): Financial Aid: 500 Sparks Hall | msu.sfa@murraystate.edu | 270.809.2546 (If applicable. How will my financial aid be affected?) Scholarships: 500 Sparks Hall | msu.scholarships@murraystate.edu | 270.809.3225 (If applicable. How will my scholarships be affected?) Housing: 206 Stewart Stadium | msu.housing@murraystate.edu | 270.809.2310 (Inquire if applicable.) International Studies: Misty Brown Lanham | 175 Woods Hall | mbrown@murraystate.edu | 270.809.2964 (Inquire if applicable.) Please confirm that you understand the following statements: If applicable, I understand that I must pay for the course by the hour (summer). I understand that I am earning credit concurrent with time of employment. I understand that it is my responsibility to inform the employer of any special assistance needed to perform a job due to a disability. Student Signature: _____ Date: _____ This section must be completed and signed by the Internship Coordinator (Career Services). ☐ Student is currently enrolled and degree seeking ☐ Student has earned at least six (6) credits at MSU Student has 24+ credits (or will before intern begins) GPA is 2.0 or higher Current GPA: _____ Hours Earned: _____ Notes: Internship Coordinator Signature: Date:

Complete and submit this form to the Internship Coordinator (Career Services) when you have an internship and are

