

**Department of Educational Administration
and Human Resource Development**

Texas A&M University
511 Harrington
4226 TAMU
College Station, TX 77843-4226

Application for EDAD/EHRD 684 – Internship Please
complete and return to the Office of Academic Advising

Date: _____ Email Address: _____

I, _____, UIN# _____
request authorization to register for _____ **EHRD 684** or _____ **EDAD 684 –
Internship** during the _____ semester for _____ semester hours credit. (If
Summer, please indicate Summer I, II, or 10-week session.)

_____ has agreed to direct this study.
(Full name of supervisor)

The purpose of this Internship course is to: *(Describe briefly the problem to be solved.)*

Duties and Responsibilities of this Internship will be: *(Describe briefly the experiences,
readings, observations, shadowing etc. to be accomplished.)*

I understand and will comply with the general provisions of this application.

Student Signature

Chairperson Signature

Representative of Organization Signature

Department Head Signature

NOTE: Approval of this application does not constitute registration.