



1701 North State Street, Campus Box 150436
Jackson, MS 39210-0001
Web: www.millsaps.edu/records
Email: records@millsaps.edu
Office: Academic Complex, Room 142
Phone: 601-974-1120
Fax: 601-974-1114

Internship Instructions

Note: Internships are available for academic credit (1+ semester hours) on your transcript. If you are getting 1+ hours, fill out the application below and submit it to the Office of Records. Internships are also available for no academic credit (0 semester hours) and will not go on your transcript; if you are interested in this type of internship, contact the Internship Coordinator in the Center for Career Education.

Internship Application with the Office of Records

Please complete the following. This information will be maintained in your permanent record file. One copy of this form must be filed with the Records Office by the last published day to add classes.

=====

Student full name _____ Classification _____ Phone _____

Student email address _____ Campus Box _____

Faculty Sponsor _____ Semester Hours _____ Major _____
(Must be 1+ hours. If 0, contact Career Center)

Course Code _____ Course Number _____ Credit Hours _____ Term and Year _____

Description of project: _____

List of courses or activities that support this project: _____

Field Agency:
Name _____ Address: _____

Field Supervisor:
Name _____ Address: _____
Phone _____

Will you receive financial remuneration for this activity? _____ Amount? _____

What is the begin date? _____ What is the completion date? _____

What are the number of hours per day, weeks, and months the student will be working? _____

What is the method of grading? ___ Credit/No Credit ___ Letter Grade (A-F)

What is the method(s) of evaluation for the grade?

() Final paper () Journal () Attend seminars () Other _____

What is the Millsaps' Faculty Sponsor's responsibility? () evaluate final paper
() evaluate journal
() conduct on-site visits
() conduct seminars
() Other _____

Signatures:

Student _____ Date _____
(You must provide copies of the final agreement to the sponsor, advisor, and field supervisor.)

Millsaps Faculty Sponsor _____ Date _____

Millsaps Advisor _____ Date _____

Field Supervisor _____ Date _____



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COURSE SCHEDULE - CHANGE/ADD/DELETE

TO: Office of Records

FROM: _____ Department Chair

You are hereby authorized to make the following change in the class schedule:

___ Fall ___ Spring ___ Summer 1 ___ Summer 2 ___ Summer Long _____ Year

=====
 CHANGE

DELETE

ADD

- Regular course
Subject Code: _____ Course Number: _____ Section Number: _____
- Research 1700, 1701, 1702, 1703, 2700, 2701, 2702, 2703, 3700, 3701, 3702, 3703, 4700, 4701, 4702, 4703
Subject Code: _____ Course Number: *circle one above* Section Number: _____
- Special Topics 1750, 1751, 1752, 1753, 2750, 2751, 2752, 2753, 3750, 3751, 3752, 3753, 4750, 4751, 4752, 4753
Subject Code: _____ Course Number: *circle one above* Section Number: _____
- Directed Study 1800, 1801, 1802, 1803, 2800, 2801, 2802, 2803, 3800, 3801, 3802, 3803, 4800, 4801, 4802, 4803
Subject Code: _____ Course Number: *circle one above* Section Number: _____
- Internship 1850, 1851, 1852, 1853, 2850, 2851, 2852, 2853, 3850, 3851, 3852, 3853, 4850, 4851, 4852, 4853
Subject Code: _____ Course Number: *circle one above* Section Number: _____

Course Name _____
(title is limited to 30 characters, including spaces)

Credit Hour Value _____

CROSS-LIST with Dept _____ Course # _____ Section _____

Grading:

Credit/No Credit

Regular Credit

Please provide location and time if known.

Time _____
Building _____ Room _____

Professor _____

=====
Approved:

_____ Date _____

=====
Processed in Records by _____ Date _____

Millsaps College – Office of Records
Please **PRINT** all information.

Change of Schedule **DATE** _____
(See college catalog for associated fees.)

Student ID # _____ Sem. _____ Yr. _____

NAME _____

Last

First

Middle

	Dept.	Course #	Section	Sem. Hrs	Special Instructions	Instructor Signature
ADD						
ADD						
ADD						
DROP						
DROP						
DROP						

Student Signature _____ Advisor Signature _____

Special Instructions – AUD – course to be AUDITED
– REP – course REPEATED
– CR – credit only (see Catalog)

Office – REC _____ / _____
Hours chged from _____ to _____