



Internship Approval

Office of the Registrar

ENMU Station 5 | 1500 S Ave K | Portales, NM 88130

Phone: 575.562.2175 | Fax: 575.562.2566 | registrar.office@enmu.edu

Student Information

Student name: Last: _____ First: _____ Middle: _____

ENMU ID number: _____ ENMU email: _____

Major: _____ Major GPA: _____ Minor: _____ Minor GPA: _____

Course Information

Instructor of record name: _____ Instructor of record ENMU ID number: _____

Subject area: _____ Course number: _____

Number of credit hours: _____

Number of credit hours previously taken in the above subject area and course number: _____

Semester: Fall Spring Summer Term: First 8- or 4-week Second 8- or 4-week 16- or 8-week

Proposal of Internship

Organization the internship is with: _____

Internship contact: _____ Phone: _____ Email: _____

Start date: _____ End date: _____ Total hours per week: _____

Description of internship duties:

Outcomes and examinations (please provide details about projects, papers, original works, examinations, etc.):

Other information not included above:

Acknowledgement and Signature

Student signature Date

Instructor signature Date

Chair signature Date

Dean signature Date