

**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.**