

Office of the Registrar  
January Term  
**Internship Permission Form**

Please complete and return this form in person to the  
Registration Office, Room 180, Stoke Hall, 11 Garrison Avenue, Durham, NH 03824-3511.  
Note: UNH Internships are restricted to degree candidates only.

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STUDENT I.D. NUMBER

STUDENT NAME

LAST FIRST MI

LOCAL ADDRESS:

Street City State Zip

I wish to register for:

Course Dept	Course Number	SEC	Course Title	Credits
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I hereby give the above student permission to register for the course above.

Instructor's Signature  Date:

Instructor's Printed Name

**Approval of Instructor's Associate DEAN required**

Associate Dean's Signature  Date:

**LOCATIONS FOR ASSOCIATE DEANS:**

- COLA MURKLAND 110
- COLSA RUDMAN G05
- CEPS KINGSBURY W283
- PAUL PAUL COLLEGE 101
- CHHS HEWITT 217
- CONTINUING ED HOOD 111

CRN: