

**Office of the Registrar
Summer Session
Internship Permission Form**

Please complete and return this form to the
Registration Office, Room 180, Stoke Hall, 11 Garrison Avenue, Durham, NH 03824-3511 by July 1.

Note: UNH Internships are restricted to degree candidates only.

UNH Email

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

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: