



**The Gladys W. & David H. Patton
College of Education and Human Services**

**Professional Internship in Teaching
Request to Take A Class Concurrent with Professional Internship**

Professional Internship Quarter _____

Name _____

E-mail _____

PID # _____

Class Requested:	Day and Time Class Meets:
Reason for request:	
<p>I understand that I may not miss my professional internship seminar nor leave school early to attend class.</p> <p>Student signature _____ Date _____</p>	
<p>___ Approved ___ Not Approved</p> <p>Comments:</p> <p>Advisor name (print) _____</p> <p>Signature of Academic Advisor _____ Date _____</p>	
<p>___ Approved ___ Not Approved</p> <p>Signature of Associate/Assistant Dean _____ Date _____</p>	
CC: Professional Internship Supervisor	

Return to: Coordinator of Professional Internships, 124H McCracken Hall, Athens, OH 45701 for Dean's signature.