DEPARTMENT OF COMMUNICATION

PERMIT FOR

☐ COMS 639 Internship (Valde): S,U, I,

☐ 697 Independent Study: graded,

☐ 699 Thesis: graded, continuous enrollment

COMPLETE ALL OF THE FOLLOWING (use separate form for each course)

1. Enrollment for __FA__ SP __SU__ semester _____year _______credit (1-3 hours)

2. Name ________________________________

EMPLID ____________________________ or

Z#________________________

3. Phone # during enrollment ______________________________

4. E-mail during enrollment ______________________________

5. Brief description of study or project

6. Reference Number _______________Permit Number _______________

(filled in by GOSS)

☐ Numbers emailed to student Date __________________________

7. Approved by __________________________Faculty Supervisor

8. Permit Received by student Date _______ Expiration Date __________________

9. Student Enrolled ________________ Date (if applicable) or

10. GOSS Enrolled ________________ Date (if applicable)

11. Approved by __________________________Graduate Director