

**CONSENT TO REGISTER FOR INTERNSHIP,  
FIELD WORK, FIELD EXPERIENCE (FEX), OR  
COOPERATIVE EDUCATION (CO-OP)**



Advising, Registration and Records  
Phone: (630) 617-3250  
FAX: (630) 617-3245

Student Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Campus Box \_\_\_\_\_  
Student ID \_\_\_\_\_ OR SS# \_\_\_\_\_  
Telephone(\_\_\_\_) \_\_\_\_\_ Cell(\_\_\_\_) \_\_\_\_\_ Campus Phone \_\_\_\_\_

(Circle) Term:      Fall              Spring              January  
(Circle) Session:    Traditional      Adult

Department \_\_\_\_\_ Number \_\_\_\_\_ Session \_\_\_\_\_  
Credit \_\_\_\_\_ Site \_\_\_\_\_  
Grade Option: (Circle)      A – F      P/NP

Print name of Supervising Instructor \_\_\_\_\_ Date \_\_\_\_\_  
Approval of Supervising Instructor \_\_\_\_\_ Date \_\_\_\_\_  
Approval of Internship Coordinator \_\_\_\_\_ Date \_\_\_\_\_  
Approval of Department Chair \_\_\_\_\_ Date \_\_\_\_\_