

OFF CAMPUS STUDY REGISTRATION

Please Print All Information

last name _____ *first name* _____ *middle initial* _____ *SMU ID #* _____

class year _____ *major* _____

Fall 20_____ Spring 20_____ Summer 20_____

(\$50 late fee if registration after add/drop period)

INTERNSHIP

Course Code _____ Course # _____ Instructor _____

INTERN: _____

Title of internship; limit to 30 letters/characters; "INTERN:" will be the first part of all internship titles

_____ # of credit(s) for grade (limit of 3) _____ # of credit(s) for P/NC (remainder) _____ start date

FIELD EXPLORATION

Course Code _____ Course # _____ Instructor _____

FIELD EXPL: _____

Title: limit to 27 letters/characters; "FIELD EXPL" will be the first part of all titles

_____ # of credit(s) for grade _____ # of credit(s) for P/NC _____ start date

FOREIGN STUDY

_____ # of credits _____

Location

University/program

If teaching abroad: course # _____ course title _____

Signature of student _____ date

Signature of SMUMN instructor _____ date

Signature of SMUMN Director of Internships (if an internship or field exploration) _____ date

Signature of SMUMN Dean of Student Success _____ date

Office Use Only: course # _____ course # _____ date entered _____ Late registration fee? _____NO
_____YES

Any identifying information is for internal uses only and will not be released without your written consent.