

**Richard W. Riley College of Education  
Winthrop University  
REQUEST FOR COURSE WITH INTERNSHIP**

**Purpose:** This form is used for any student wishing to request permission to take additional coursework beyond the Internship II course, a program area capstone course, and EDUC 410.

Student Name \_\_\_\_\_ Student Number \_\_\_\_\_  
Student E-mail \_\_\_\_\_ Degree/Major \_\_\_\_\_  
Current Phone \_\_\_\_\_ Expected Grad. Date \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ Last Semester GPA: \_\_\_\_\_ Hours Completed: \_\_\_\_\_

**Clear, brief statement of request (REQUIRED):**  Check here if attaching documents.

**Clear, brief rationale for request (include what happens if request is denied) (REQUIRED):**

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by Advisor:** \_\_\_\_\_ Support \_\_\_\_\_ Support with Reservations \_\_\_\_\_ Do Not Support  
Rationale (REQUIRED):

Signature of Advisor \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by Program Director:** \_\_\_\_\_ Support \_\_\_\_\_ Support with Reservations \_\_\_\_\_ Do Not Support  
Rationale (REQUIRED for Secondary and K-12 Arts & Sciences and Visual & Performing Arts):

Signature of Advisor \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by Department Chair:** \_\_\_\_\_ Support \_\_\_\_\_ Support with Reservations \_\_\_\_\_ Do Not Support  
Rationale (REQUIRED):

Signature of Department Chair \_\_\_\_\_ Date \_\_\_\_\_

**AFTER OBTAINING SIGNATURES, SUBMIT THIS FORM TO: STUDENT ACADEMIC SERVICES, 144 WITHERS**