

**MISSISSIPPI STATE UNIVERSITY**  
**Request to Complete Additional Course During Teaching Internship**

*Please provide the following information to file a formal request to complete a course during the teaching internship. You should obtain the following signatures in the order noted: Advisor, Department Head, Director of OCFBI, Dean of COE. Your request will only be granted upon approval of all aforementioned parties.*

Name: \_\_\_\_\_ NetID: \_\_\_\_\_  
Last Name First Name Middle Initial

Major: \_\_\_\_\_ 9 Digit ID#: \_\_\_\_\_

Semester of Internship: \_\_\_\_\_ Overall GPA: \_\_\_\_\_

Name of Course: \_\_\_\_\_  
 \_\_\_\_\_  
Course Prefix and Number Course Title Semester Hours

Where, how, and when will course be completed?

Institution: \_\_\_\_\_

*Please check one*

Online \_\_\_\_\_ Independent Study \_\_\_\_\_ Special Topic \_\_\_\_\_ Regular Class \_\_\_\_\_ Other \_\_\_\_\_

Timeline of Course: Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Background and Justification for Request (use additional paper if necessary):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*I understand that the teaching internship semester is a full-time experience. The expectations and standards of the internship will not be reduced to accommodate my overload if permission is granted for an additional course to be completed.*

\_\_\_\_\_  
Student's Signature Date

**Action taken by the committee:**

**Approved** \_\_\_\_\_ **Denied** \_\_\_\_\_ **Date of Action** \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Department Head

\_\_\_\_\_  
Signature of Director of Clinical/Field-Based Instruction, Licensure, and Outreach

\_\_\_\_\_  
Signature of Dean of Education