COLLEGE OF LIBERAL ARTS AND SCIENCES

School of Public Service

14 E. Jackson Blvd., Suite 1600, Chicago, IL 60604 (312) 362-5564 / Fax (312) 362-5506

INTERNSHIP COURSE REGISTRATION FORM 1) Use this form for PPS 398, MPS 601 and 610. 2) Submit most recent resume Submit signed Agreement Form for PPS 398, MPS 601 or 610. 3) Pre-requisites: MPS 601 requires completion of 8 credit hours; MPS 610 requires completion of MPA 583. STUDENT INFORMATION Name: E-Mail: Student ID: Phone: Current address: City: State: ZIP Code: **TERM REQUESTING REGISTRATION** ☐ Fall ■ Winter ☐ Spring ☐ Summer **COURSE NUMBER AND TITLE: CREDIT HOURS:** I have met the requirements for registration. Yes 🗌 No 🗌 If no, please explain: **SIGNATURES** I certify that the information given in the application is complete and accurate. Signature of applicant: Date:

For Office Use Only

Instructor Signature:

Director Signature:

Submit this request, supplemental forms and current course history to:

Registration YES NO

Registration **YES** NO

The School of Public Service considers information provided on this application confidential.

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