MASTER OF ARTS IN HUMAN SERVICES
HSCR 6348 and HSEL 6328
Conflict Resolution Internship

PERMISSION FORM
(Bring to Trustee Hall Room 327)

Student's Name:_____Student ID#_____

Semester Requested:_____Date:_____

I am requesting permission to take

HSCR 6348 or HSEL 6328
(Please circle the desired Internship course)

I have attached a written proposal, which adheres to the requirements of the Master of Arts in Human Services Internship Proposal form, including the signature of the instructor who will oversee my research project, and at a minimum, the placement site, expected duties, name of supervisor, and method of evaluation. (Proposal must be created with the coordinating instructor and submitted to the MAHS Director for review 30 days prior to registration of the intended semester).

Approved: _____Date:_____
Instructor

Permission for this project is denied for the following reasons:

_____

_____

After approval by the instructor, please send form and proposal for review to Dr. Constance D. Porter, Director of MAHS, Graduate School of Management, St. Edward's University, 3001 South Congress Avenue, C/M 1049, Austin, TX 78704-6489. The form and proposal will then be sent to the student's advisor for course authorization to be placed in the student's advising folder. Confirmation of authorization will be sent to the coordinator.

MAHS DIRECTOR'S SIGNATURE: _____DATE:_____

Original: MAHS Office
cc: Student, Student Advisor & MAHS Instructor