



# MARQUETTE UNIVERSITY GRADUATE SCHOOL FIELD PLACEMENT CONTINUATION APPROVAL FORM

A field placement continuation course will keep a student in active status while participating in an off-campus internship or practicum. This form is to be used to request authorization for the course indicated in Section II. The department must submit this form to the Graduate School after signing their approval. The Graduate School will register the student for the course. As of the Spring 2016 term permission numbers should no longer be provided for continuation courses. These courses are zero-credit courses. A course fee of \$100 will be charged. **This form is due in the Graduate School no later than the last day of registration for Session 1 in the requested term of enrollment.** If you need assistance completing this form, please contact the Graduate School at 414.288.7137.

## I. Student Information

Name:  MUID:

Department:  Degree:

Registration is requested for:  Fall  Spring  Summer Year:  2016  2017  2018  2019

Citizenship status:  U.S. Citizen  Permanent Resident  Visa Status:

## II. Request for Field Placement:

I request the status indicated below for the term indicated above:

Less than half-time (9977)  Half-time (9978)  Full-time (9979)  
LHT < 12 hours/week HT 12-20 hours/week FT > 20 hours/week

My internship is located at:

I certify that:

- I am aware of the number of hours per week that this status requires, and I will work that number of hours. If I become unable to work that number of hours, I will notify my department so that my status can be changed appropriately;
- I have examined my Checkmarq account, I have no holds, and I am eligible to register and;
- Once my department has approved this course, I give them permission to submit this form to the Graduate School so that the Graduate School may enroll me as indicated above. I have reviewed and am aware of the billing policies of Marquette University ([http://www.marquette.edu/mucentral/bursar/billing\\_index.shtml](http://www.marquette.edu/mucentral/bursar/billing_index.shtml)).

Student Signature:  Date:

## III. Departmental Approval

I certify that:

- I will monitor the hours that this student is completing towards the enrollment status being assigned to them;
- Should the status change, I will notify the Graduate School immediately;
- I will submit this form directly to the Graduate School, who will enroll the student.

Adviser Signature:  Date:

Dept. Chair or DGS Signature:  Date:

Section Number:

PLEASE FORWARD COMPLETED FORM TO THE GRADUATE SCHOOL