

Professional Practice Academic Division Approval Form

*Professional Practice is a means for the University to grant **full time student status for UA students** who have accepted a full-time, **quality** work experience. This full-time experience must be: 1) for a minimum of one academic semester; and 2) approved by the academic department, advisor or the college internship coordinator. Students approved for Professional Practice will return a signed Academic Division Approval Form and enroll/pay tuition for the applicable UA Professional Practice Course Listing.*

STUDENT INFORMATION

Student Name _____ Major _____ CWID# _____

EMPLOYER INFORMATION

Employer _____ City/State _____

Contact _____ Email _____

Phone _____ Work Semester(s) _____

ADVISOR COMMENT/RECOMMENDATION

I recommend student enroll for Professional Practice

I recommend student NOT be enrolled for Professional Practice

Date _____ Academic Division _____

Academic Advisor/Internship Coordinator Signature _____

STATEMENT OF UNDERSTANDING

I understand and agree I will conduct myself in a professional manner and will complete my work commitment in so far as I am able. If I am granted student status, I will represent the University in a positive manner and follow the rules and regulations of the University of Alabama and my employer while on this work assignment. Failure to do so may result in a negative notation on my transcript (P/F).

Student Signature _____

FOLLOW-UP PROCEDURE

Upon completion, it is the student's responsibility to return **form, application, and employer contact information and/or offer letter** to the Cooperative Education Program in room 205, Hardaway Hall and enroll in the appropriate Professional Practice course number. Course number should be obtained from Cooperative Education Program.

NOTE: Academic Credit for Professional Practice work experiences is a separate process within the academic department and will require faculty approval and additional registration.