

MANAGEMENT 498 PERMISSION FORM



This form must be completed and signed **by all parties** and returned to the Registrar's Office in Student & Enrolment Services.

TO BE COMPLETED BY THE STUDENT

Last Name	First Name	Student ID Number
Spring/Summer Term : 201 _____		
Attended information session on: (date)		
Spoke with Course Instructor about internship options on: (date)		
I am prepared to commit to an internship job search and realize that it is ultimately my responsibility to obtain an internship as part of my Bachelor of Management program. I will participate fully and to the best of my ability, and represent Concordia University of Edmonton and the Mihalcheon School of Business with integrity and maintain a high standard of ethics and professionalism throughout this course and internship.		
Student Signature		Date

TO BE COMPLETED BY THE DEPARTMENT

Course Instructor		
Print Name	Signature	Date
Department Chair		
Print Name	Signature	Date

TO BE COMPLETED BY THE REGISTRAR'S OFFICE

Completed form received by the Registrar's Office	Initials	Date
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