



SUMMER INTERNSHIP

DROP FORM

Student's Information to be filled by the Vocational Coordinator

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|--------------------|--------|------------------------|--|
| Student Name: | | Student ID: | |
| Major: | | GPA: | |
| Credits Earned: | | Credits this Semester: | |
| Phone: | Email: | | |
| Student Signature: | | Date: | |

Vocational Coordinator's Justification and Comments

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|-------------------------|--|------------|--|
| Vocational Coordinator: | | Signature: | |
|-------------------------|--|------------|--|