

**The University of Oklahoma
Department of Human Relations
Practicum/Internship Request for Enrollment**

Students are responsible for submitting all memoranda and paperwork to the Human Relations Department prior to enrollment in the internship. Internship proposals must be received by the Human Relations department by the following dates: Fall July 1 Spring November 1
Summer March 1

Failure to complete all documents correctly will delay enrollment into the internship hours. Use the following checklist below to complete the REQUEST FOR ENROLLMENT and MEMORANDUM OF UNDERSTANDING.

Request for Enrollment Checklist Items	Completed
<i>Complete all fields in the student information section</i>	<input type="checkbox"/>
<i>Select the appropriate semester and fill out the year List the number of internship hours student requests to enroll in (NOT the number of total hours completed by student to date)</i>	<input type="checkbox"/>
<i>Check HR 5200 Internship box</i>	<input type="checkbox"/>
<i>List the entire name of the agency WITHOUT INITIALS</i>	<input type="checkbox"/>
<i>List the agency 's address</i>	<input type="checkbox"/>
<i>Check the box at the bottom of the page to grant OU Advanced Programs permission to enroll you in the requested course as approved by the Human Relations Department</i>	<input type="checkbox"/>

The University of Oklahoma
Department of Human Relations
Practicum/Internship Memorandum of Understanding Checklist

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Failure to complete all documents correctly will delay enrollment into the internship hours. Use the following checklist below to complete the MEMORANDUM OF UNDERSTANDING.

Memorandum of Understanding Checklist Items	Page # Section	Completed
<i>Complete the top of form (credit hours are the number of internship hours requested)</i>	I-1	<input type="checkbox"/>
<i>List the beginning date of the semester:</i> Fall September 1 Spring January 2 Summer May 1 <i>List the entire name of the agency WITHOUT INITIALS</i>	I-1 Section I	<input type="checkbox"/>
<i>List the beginning date of the semester :</i> Fall September 1 Spring January 2 Summer May 1	I-1 Section II A. 1	<input type="checkbox"/>
<i>List the beginning date of the semester :</i> Fall September 1 Spring January 2 Summer May 1 <i>List the ending date of the semester</i> Fall December 1 Spring April 1 Summer August 1	I-1 Section II A. 2	<input type="checkbox"/>
<i>Complete the top of form (credit hours are the number of internship hours requested)</i>	I-2	<input type="checkbox"/>
<i>Complete the top of form (credit hours are the number of internship hours requested)</i>	1-3	<input type="checkbox"/>
<i>Signature of the Agency On-Site Supervisor and date</i>	I-4	<input type="checkbox"/>
<i>List the beginning date of the semester</i> Fall September 1 Spring January 2 Summer May 1 <i>List the entire name of the agency WITHOUT INITIALS</i>	I-5 Section I	<input type="checkbox"/>
<i>Student signature and date</i> <i>Witness signature and date (the on-site supervisor should NOT be used as a witness)</i>	I-5 Section III	<input type="checkbox"/>
<i>Complete all fields at the top of the page and answer questions 1-3</i> <i>Student signature and date</i> <i>Agency On-Site Supervisor's signature and date</i>	I-6	<input type="checkbox"/>