



COLLEGE OF NATURAL SCIENCES
THE UNIVERSITY OF TEXAS AT AUSTIN

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INTERNSHIP COURSE REGISTRATION FORM SDS 189R

NAME

UT EID

(Please circle one)

FALL SPRING SUMMER SEMESTER _____ (year)

INTERNSHIP COMPANY NAME:

INTERNSHIP DATES:

HAVE YOU BEEN APPROVED FOR CPT? YES _____ NO _____

(If YES, please include approval with submission of this form)

(If NO, please apply before submitting this form)

(Please circle one)

CPT APPROVED FOR: FALL SPRING SUMMER

PLEASE NOTE: You must submit this form and a copy of your offer letter to the **Graduate Coordinator** for the **Department of Statistics and Data Sciences, GDC 7.408**

Date Submitted _____
Keep on file 5 years: / /

SDS: 04/2019