Instructions for Completing the Professional Experience Credit Request

The student is responsible for making sure this form is filled out in its entirety, to include all required signatures, **before** it is submitted.

1. **Complete the form in its entirety.** Fill in all student and professional experience information, including your job title, detailed job description, estimated hours per week, and start and end dates.
2. **Provide supervisor information and signature.** Enter your internship supervisor's name, job title, and contact information, and have your supervisor sign and date the form.
3. **Obtain faculty approval.** Have your faculty member review the form, enter the approved number of credit hours (1-6), and sign and date it. Note: Every 40 hours worked is equal to 1 credit hour of internship (ex. to gain 3 hours of credit, the student must have worked 120 hours).
4. **Meet with your academic advisor.** You are required to meet with your academic advisor to make sure you enroll in the correct number of credit hours. Check “YES” on the form once you have done this. Please note that we will confirm with the advising team that this meeting has happened before approval.
5. **Submit the completed form.** Once the form is fully completed and signed, send it to the Student Success Team at the email address below. Student Success will use the form to set up your permission to enroll and notify you via email when you may do so.

   Jordan Wade – jordanwade@ku.edu

6. **Enroll in ADS 531 for credit.** Enroll during the same semester that you are completing your professional experience. Applicable enrollment deadlines are enforced in standard alignment with the University's Academic Calendar.

Please note: Incomplete forms, or forms missing a signature, cannot be processed. The form is on the next page.

Professional Experience Credit Request

Student name: _____

Name of firm/organization/employer: _____

Student's job title: _____

Student's detailed job description: _____

Name and job title of student's supervisor: _____

Contact information for the student's supervisor: _____

Estimated number of hours per week at the professional experience: _____

Start date of professional experience: _____

End date of professional experience: _____

I have discussed this with my academic advisor: YES ☐ NO ☐

*If no, you must meet with your advisor in Jayhawk Academic Advising (JAA) before submitting this form.

I certify that the information above is correct and that the student named here will carry out the stated obligations. I understand that failure to carry out the obligations stated here would result in a grade of "Unsatisfactory" in ADS 531, even if credit is pre-approved for this professional experience.

I also certify that the student's supervisor will actively participate in the student's professional experience. At the end of this professional experience, the supervisor will submit the Supervisor Evaluation Webform, which may affect the grade given in ADS 531.

Student: _____ **Date:** _____

Supervisor: _____ **Date:** _____

I approve this student's enrollment in _____ (1-6) credit hours of ADS 531 for this professional experience.

Faculty: _____ **Date:** _____