

Chang School Enrollment Permission Form

Please complete and email to internship@ee.ryerson.ca for processing.
Students will be notified of the status of their request via email.

Date: _____

Student Information

Last Name	
First Name	
Student Number	
Program	
Ryerson Email Address	

Internship Placement Information

Company Name	
Supervisor Name	
Supervisor's Email	

Chang School Course Information

Course Number	Section Number	Start and End Date

I give approval to the student to take the above course(s).

Supervisor's Signature: _____ Date: _____

I have verified that the above course(s) are eligible for academic credit and understand I am academically and financially responsible for all enrolled courses and fees.

Student's Signature: _____ Date: _____