

|                   |       |                 |       |
|-------------------|-------|-----------------|-------|
| SMU ID #:         | _____ | Name:           | _____ |
| Home Address:     | _____ | Home Phone:     | _____ |
| Business Address: | _____ | Business Phone: | _____ |
| E-mail Address:   | _____ | Fax Phone:      | _____ |

**TOTAL HOURS (30 Minimum)** \_\_\_\_\_

**NOTE: Students should consult with their advisor each semester before enrolling, to ensure course credit.**