Graduate Internship Program

College of Business

ATLANTIC UNIVERSITY
TEXAS UNIVERSITY OF

Course Requirements:

- Keep a diary of work activities
- Write a paper reviewing studies in internship
- 1 hr credit - must work a minimum of 98 hrs
- 2 hrs credit - must work a minimum of 160 hrs
- (summers to 15 hrs/week or 16 hrs/week for 6 weeks)
- 3 hrs credit - must work a minimum of 240 hrs

The major department internship coordinator will give you Form 3, Information Agreement to complete. When you return the completed Form 3, the coordinator will give you Form 3, Information Agreement to complete. When you return the completed Form 3, the coordinator will give you Form 3, Information Agreement to complete. When you return the completed Form 3, the coordinator will give you Form 3, Information Agreement to complete. When you return the completed Form 3, the coordinator will give you Form 3, Information Agreement to complete.
FORM 1
THE UNIVERSITY OF TEXAS AT ARLINGTON
COLLEGE OF BUSINESS
Graduate Internship Program

NOTE TO STUDENT: All forms must be completed and approved before a student may register for the internship course and before the activities for which credit is requested have begun. Internships are graded on a pass/fail basis.

Name: ____________________________________________

Student ID #: __________________________

Expected Graduation Date: ________/__________

Day Phone: __________________________

Email Address: __________________________

International Student Yes ________ No ____________

Please check appropriate major. If MBA, also check specialization:

☐ MS Accounting
☐ MS Taxation
☐ Master of Professional Accounting
☐ MA Economics
☐ MS Real Estate
☐ MBA (Please select MBA specialization.)
  ☐ Accounting
  ☐ Economics
  ☐ Finance
  ☐ Information Systems
  ☐ International Business
  ☐ General Business
  ☐ Management
  ☐ Marketing
  ☐ Operations Management
  ☐ Real Estate
  ☐ No Specialization
  ☐ Other __________________________

Course Number: ACCT 5399

DO NOT COMPLETE --- THIS SECTION TO BE COMPLETED BY PROGRAM ADVISOR:

Overall GPA:

Completed 9 hours: * Yes No

Elective hours available: Yes No

Course can be used toward degree: Yes No

Course can be used for extra credit Yes No

Previous Internship Taken or In progress Yes No

Valid for This Semester Only

Program Advisor Signature __________________________

Date __________________________

*MS-INSY must complete 9 hours of INSY

You may be entitled to know what information The University of Texas at Arlington (UTA) collects concerning you. You may review and have UTA correct this information according to procedures set forth in UTS 139. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.

1/2012
REQUEST FOR GRADUATE INTERNSHIP REGISTRATION

Form 2
College of Business

Eligibility for internships:
1. Minimum overall grade point average of 3.0.
2. Minimum of 9 hours completed and student must have the elective hours available.
3. Internship forms must be completed and approved by appropriate internship coordinator.
4. No credit will be given for previous experience or activities.
5. Maximum credit is 3 hours per student.

NOTE: No credit will be given for previous experience or activities. Maximum credit is 3 hours per student. This form must be filled out before a student may register for the course and before the activities for which credit is requested have begun. Internships are graded pass/fail.

Name ___________________________________ Student ID # ________

Phone number (___)______________________ Advisor ________________________________

Degree sought MBA____ MS_____ If MBA, Specialization/Concentration _________________________

Semester ____________________________

Detailed explanation of internship position. ____________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Firm’s name ________________________ Phone No. ________________________

Address ____________________________
Street Address City State Zipcode

Internship contact ___________________________ Phone No. (___) ________________________

Start date ___________________________ End date ___________________________

______________________________________________________________________________

Student signature ___________________________ Date ____________________________

Department Internship Coordinator ___________________________ Date ____________________________

You may be entitled to know what information The University of Texas at Arlington (UT Arlington) collects concerning you. You may review and have UT Arlington correct this information according to procedures set forth in UTS 139. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.

1/2012
INFORMAL AGREEMENT
COLLEGE OF BUSINESS

Course Number _ACCT 5399_

Student Name (Please Print) ____________________________________________

Address _____________________________________________________________

Phone Number ______________________ Email ___________________________

Employer _____________________________________________________________

Intern Site Supervisor ________________________________________________

Address _____________________________________________________________

Phone Number ______________________ Fax ____________________________

Fax __________________________ Email _____________________________

Internship (Start Date) ______________________ (End Date) ______________

Tentative Work Schedule: _____________________________________________

Renumeration ______________________ (Please State Amount) ____________

Scheduled Duties/Responsibilities: _____________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Intern Site Supervisor: ____________________________ (Signature) Date ________

Student/Intern: ____________________________ (Signature) Date ____________

Dept. Internship Coordinator: ____________________________ (Signature) Date ________