**Course Requirements:**

1. **Keep a daily log of work activities.**
2. Write a paper reflecting insights into internship.
3. **1 credit - must work a minimum of 80 hrs.**
   - 2 hrs credit - must work a minimum of 160 hrs.
   - 3 hrs credit - must work a minimum of 240 hrs.

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**Internship Coordinator:**

Complete and submit **Form 1, Graduate Internship Form** to the Graduate Advising Office, Suite 4010.

**Students must:**

- Enroll in a graduate program at UT Dallas.
- Have completed at least 6 graduate hours in the College of Business with a minimum GPA of 3.0 and 3 hours of applicable business electives.

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**College of Business**

**Graduate Internship Program**
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.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student ID #:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Expected Graduation Date:</td>
<td>/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day Phone:</td>
<td></td>
<td>Email Address:</td>
<td></td>
</tr>
<tr>
<td>International Student</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

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 (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
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

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INFORMAL AGREEMENT
COLLEGE OF BUSINESS

Course Number ACC 5399

Student Name (Please Print)

Address

Phone Number Email

Employer

Intern Site Supervisor

Address

Phone Number Fax Email

Internship (Start Date) (End Date)

Tentative Work Schedule:

Renumeration (Please State Amount)

Scheduled Duties/Responsibilities:

Intern Site Supervisor: (Signature) Date

Student/Intern: Date

Dept. Internship Coordinator: (Signature) Date