Course Requirements:

1. Complete the required coursework.
2. Submit the Internship Informational Statement.
3. Attend the orientation session.
4. Submit a resume and cover letter.
5. Submit a completed Internship Information Form.
6. Submit a completed Internship Application Form.

Student Benefits:

- College of Business
- Undergraduate Internship Program
- Internship Informational Statement
- Internship Application Form
FORM 1
THE UNIVERSITY OF TEXAS AT ARLINGTON
COLLEGE OF BUSINESS
Undergraduate Internship Program

NOTE TO STUDENT: Take this completed form to the drop box in Suite 107. After processing Form 1 may be picked up in Suite 107 in the top drawer of the two-drawer file cabinet. After you receive Form 1 back, please follow the instructions on the yellow top sheet of the internship packet.

Per COB Internship Program policies:
- No credit will be given for previous experience or activities.
- Maximum credit is 3 hours per student and must be major/concentration related.

All forms must be completed before a student may register for the course and before the activities for which credit is requested have begun. Internships are graded pass/fail.

THIS SECTION TO BE COMPLETED BY STUDENT (PLEASE PRINT):

Student ID# ___________________________ Date ___________________________

Name _______________ _______________ _______________ __________________

Last First Middle

Day Phone _______________ E-Mail Address _______________

Major/Concentration: (PLEASE CHOOSE ONE!)

--- * ACCT (BBA) --- INTL SP (BBA)
--- * ACCT (BS) --- INTL RS (BBA)
--- ECON (BBA) --- INSY (BBA)
--- ECON (BA) Minor --- INSY (BS)
--- ECON (BS) Minor --- MANA (BBA)
--- FINA (BBA) --- MARK (BBA)
--- INTL FR (BBA) --- OPMA (BBA)
--- INTL GR (BBA) --- REAE (BBA)

*Texas State Board of Public Accountancy requires completion of 12 hours of 3000/4000 level accounting prior to Internship.

DO NOT COMPLETE --- THIS SECTION TO BE COMPLETED BY EVALUATOR:

Declared Major Yes No

Applies to Degree Yes No

Overall GPA _______________

Additional _______________ Yes No

Eligible: Semester _______________ Yes No

Signature ___________________________ Date ___________________________

Degree Plan Evaluator

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.

10/14/2015
REQUEST FOR UNDERGRADUATE INTERNSHIP REGISTRATION
Form 2
College of Business

Eligibility for internships:
1. UTA students with a declared major in the College of Business.
2. Minimum overall grade point average of 2.5.
3. Internship form must be completed and approved by department internship coordinator.

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 (_____) ___________ Email ________________________________

Semester ___________________________ Concentration/Major ____________________

Detailed explanation of internship position. ______________________________________

__________________________________________________________________________

__________________________________________________________________________

Firm's name ___________________________ Phone No. ___________

Address _______________________________ Phone No. (_____) ___________

Street Address _________________________ City ____________________ State ________ Zip code ______

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.

10/14/2015
INFORMAL AGREEMENT
COLLEGE OF BUSINESS

Course Number ACC 4393

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:______________________________________________

Remuneration___________________ (Please State Amount)

Scheduled Duties/Responsibilities:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Intern Site Supervisor:________________________________________ (Signature) Date________

Student/Intern:________________________ (Signature) ____________________________

Dept. Internship Coordinator:________________________ (Signature) Date________