UNDERGRADUATE INTERNSHIP PROGRAM
COLLEGE OF BUSINESS

Eligible students include UTA undergraduate juniors and seniors with a declared major in the College of Business, with a minimum overall GPA of 2.5. Some major areas have additional eligibility requirements.

STUDENTS MUST:
Complete Form 1 and turn it in the drop box inside Suite 107. Your degree plan will be reviewed for available advanced business elective hours. When Form 1 has been processed it will be available for pick up in the top drawer of the two drawer file cabinet in Suite 107.

1. Obtain internship. Internships will be for the Spring, Fall or 11-week Summer semesters only. Fill out Form 2, Request for Internship Registration. Take Forms 1 and 2 to your major department internship coordinator. The internship coordinator will give you approval to receive 3 credit hours.

<table>
<thead>
<tr>
<th>Accounting</th>
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<td>817-272-6741</td>
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</tbody>
</table>

2. The major department internship coordinator will give you Form 3, Informal Agreement to complete. When you return the completed Form 3 to the coordinator, you will be given enrollment information. International students must attach a CPT Form to the Form 3 in order to enroll.

See: http://www.uta.edu/oie/?page=forms&form=cpt_forms

Course requirements:
- Must work a minimum of 240 hrs during the semester (work approximate 22 hr/wk for the 11-week summer semester)
- Payment to student for work is not required
- Keep a daily diary of work activities
- Write a paper relating class studies to internship experience
- Employer appraisal
- Grade is pass/fail
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 ____________________________________________________________

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 ___________________________

Street Address ___________ City ___________ State ___________ Zip code __________

Internship contact ___________________________ Phone No. (___) __________

Start date ___________________________ End date ___________________________

Student signature ___________________________ Date __________

Department Internship Coordinator ___________________________ Date __________
INFORMAL AGREEMENT
COLLEGE OF BUSINESS

Course Number: ACCT 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:________________________________________

Renumeration____________________ (Please State Amount)

Scheduled Duties/Responsibilities:________________________________________

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

Intern Site Supervisor:________________________ (Signature) __________ Date__________

Student/Intern:________________________ (Signature) __________ Date__________

Dept. Internship Coordinator:________________________ (Signature) __________ Date__________