



## GRADUATE INTERNSHIP PROGRAM

COLLEGE OF BUSINESS

Eligible students include UT Arlington degree seeking graduate students in the College of Business with a minimum overall GPA of 3.0 and 3 hours of available business electives.

### Students must:

1. Complete and submit **Form 1, Graduate Internship** form to the Graduate Advising Office, **Suite 107**. The appropriate graduate advisor will review your Graduate Maverick Academic Report (MAP) for available elective hours. If a GMAP (degree plan) change is required, **please allow two weeks for processing.**
2. Fill out **Form 2, Request for Internship Registration.** Take **Form 2** to the appropriate *internship coordinator*. The internship coordinator will review, make a decision regarding your internship request, and if approved, clear you to register and receive **credit hours** for the internship.

#### Internship Coordinators (by area of internship)

Accounting	Terra Brown McGhee	Room 435	817-272-0710	tcbrown@uta.edu
Economics	Jeff Desimone	Room 331	817-272-3286	jdesimone@uta.edu
Finance	Greg Feigel	Room 434	817-272-3705	feigel@uta.edu
Real Estate	Fred Forgey	Room 434	817-272-3705	forgey@uta.edu
Insy/Opma	David W. Weltman	Room 517	817-272-7398	dweltman@uta.edu
Management	Dennis Veit	Room 228	817-272-3865	dveit@uta.edu
Marketing	Michael Richarme	Room 618	817-272-3027	richarme@uta.edu

3. After your internship is approved by the *internship coordinator*, complete **Form 3, Informal Agreement.** Kindly note, the internship coordinator gives you **Form 3.**

## DEADLINE FOR Summer 2012: Monday, May 21, 2012\*

*\*Applies to submission of all forms (1, 2, & 3)*

### Course requirements:

- **3 hrs credit** - must work a minimum of 240 hrs  
(Equates to 15 hrs/wk for 16 wks or 40 hrs/wk for 6 wks)
- **2 hrs credit** – must work a minimum of 160 hrs
- **1 hr credit** – must work a minimum of 80 hrs

- Write a paper relating studies to internship
- Keep a diary of work activities
- Employer appraisal
- Payment to student for work is not required
- Grade is pass/fail

**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:** \_\_\_\_\_  
Last First Middle

**Student ID #: 1000** \_ \_ \_ \_ \_ **Expected Graduation Date:** \_\_\_\_\_/\_\_\_\_\_  
Semester/Year

**Day Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**International Student** Yes \_\_\_\_\_ No \_\_\_\_\_

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

<input type="checkbox"/> MS Accounting <input type="checkbox"/> MS Taxation <input type="checkbox"/> Master of Professional Accounting <input type="checkbox"/> MA Economics <input type="checkbox"/> MS Real Estate <input type="checkbox"/> MBA (Please select MBA specialization.) <table style="width: 100%; border: none; margin-left: 20px;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Accounting</td> <td style="width: 50%;"><input type="checkbox"/> International Business</td> </tr> <tr> <td><input type="checkbox"/> Economics</td> <td><input type="checkbox"/> General Business</td> </tr> <tr> <td><input type="checkbox"/> Finance</td> <td><input type="checkbox"/> Management</td> </tr> <tr> <td><input type="checkbox"/> Information Systems</td> <td><input type="checkbox"/> Marketing</td> </tr> </table>	<input type="checkbox"/> Accounting	<input type="checkbox"/> International Business	<input type="checkbox"/> Economics	<input type="checkbox"/> General Business	<input type="checkbox"/> Finance	<input type="checkbox"/> Management	<input type="checkbox"/> Information Systems	<input type="checkbox"/> Marketing	<input type="checkbox"/> MS Health Care Administration <input type="checkbox"/> MS Human Resources Management <input type="checkbox"/> MS Information Systems <input type="checkbox"/> MS Quantitative Finance  <input type="checkbox"/> Operations Management <input type="checkbox"/> Real Estate <input type="checkbox"/> No Specialization <input type="checkbox"/> Other _____
<input type="checkbox"/> Accounting	<input type="checkbox"/> International Business								
<input type="checkbox"/> Economics	<input type="checkbox"/> General Business								
<input type="checkbox"/> Finance	<input type="checkbox"/> Management								
<input type="checkbox"/> Information Systems	<input type="checkbox"/> Marketing								

**Course Number** \_\_\_\_\_

**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 \_\_\_\_\_

# 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 # 1000 \_\_\_\_\_

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

Zip code

Internship contact \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_

\_\_\_\_\_  
Student signature Date

\_\_\_\_\_  
Department Internship Coordinator Date