REQUEST FOR GRADUATE INTERNSHIP REGISTRATION

College of Business Administration

Eligibility for Internships:
1. Minimum overall grade point average of 3.0.
2. Minimum of 9 hours completed and have the elective hours available.
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 three hours per student. This form must be filed before student may register for the course and before the activities for which credit is requested have begun. Internships are graded pass/fail.

Name: __________________________ Student I.D. #: ____________________________
Degree Sought: MBA ____ MS ____ Concentration: ________________________________
Advisor: ________________________

Detailed explanation of internship position:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Firm Name: __________________________ Phone No. ____________________________
Address: ______________________________
Internship contact: ______________________ Phone No. __________________________
Start Date: ___________________________ End Date: ___________________________

Student Signature __________________________ Date ____________________________
Department Internship Coordinator __________________________ Date __________________
INTERNSHIP PROGRAM INFORMAL AGREEMENT

Undergraduate and Graduate
College of Business Administration

Employer______________________________

Intern Site Supervisor (Please Print) ____________________________________________

Address______________________________
Street Address City State Zip Code

Phone Number (___-____-______) Fax Number (___-____-______)

Student (Please Print) ____________________________

Address______________________________
Street Address City State Zip Code

Home Phone Number (___-____-______) E-mail__________________________

Internship Dates: Start ____________ End ____________ Students must work a minimum total of 240 hours.

Remuneration: ____________________________ (Please state amount.)

Scheduled duties and/or responsibilities:
__________________________________________
__________________________________________
__________________________________________
__________________________________________

Training Opportunities:
__________________________________________
__________________________________________

Tentative Work Schedule:
__________________________________________
__________________________________________
__________________________________________

Intern Site Supervisor ✓ Date

Student/Intern Date

Department Internship Coordinator Date

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