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 #: _______________ Expected Graduation Date: _______________ Semester/Year

Day Phone: ___________________________ Email Address: ___________________________

International Student Yes ____ No ____

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

☐ MS Accounting ☐ MS Health Care Administration
☐ MS Taxation ☐ MS Human Resources Management
☐ Master of Professional Accounting ☐ MS Information Systems
☐ MA Economics ☐ MS Quantitative Finance
☐ MS Real Estate

☐ MBA (Please select MBA specialization.)
☐ Accounting ☐ International Business ☐ Operations Management
☐ Economics ☐ General Business ☐ Real Estate
☐ Finance ☐ Management ☐ No Specialization
☐ Information Systems ☐ Marketing ☐ Other ___________________________

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 ___________________________

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*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 UT System Information Security (UTS) 139. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.

1/2012