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
☐ MS Economics ☐ MS Quantitative Finance
☐ MS Business Analytics ☐ MS Real Estate
☐ MS Marketing Research

MBA (Please select MBA specialization.)

☐ Accounting ☐ Health Care Administration ☐ Operations Management
☐ Business Analytics ☐ Information Systems ☐ Real Estate
☐ Economics ☐ Management ☐ No Specialization
☐ Finance ☐ Marketing Research

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 ________

*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 UTS 139. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.

5/2019