

**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:**

<input type="checkbox"/> MS Accounting	<input type="checkbox"/> MS Health Care Administration
<input type="checkbox"/> MS Taxation	<input type="checkbox"/> MS Human Resources Management
<input type="checkbox"/> Master of Professional Accounting	<input type="checkbox"/> MS Information Systems
<input type="checkbox"/> MS Economics	<input type="checkbox"/> MS Quantitative Finance
<input type="checkbox"/> MS Business Analytics	<input type="checkbox"/> MS Real Estate
<input type="checkbox"/> MS Marketing Research	

MBA (Please select MBA specialization.)

<input type="checkbox"/> Accounting	<input type="checkbox"/> Health Care Administration	<input type="checkbox"/> Operations Management
<input type="checkbox"/> Business Analytics	<input type="checkbox"/> Information Systems	<input type="checkbox"/> Real Estate
<input type="checkbox"/> Economics	<input type="checkbox"/> Management	<input type="checkbox"/> No Specialization
<input type="checkbox"/> Finance	<input type="checkbox"/> 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**                      \_\_\_\_\_

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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.