

STUDENT INFORMATION

Name: _____
Last _____ First _____ MI _____

ID #: _____

Email: _____

Phone #: _____

Class Standing (choose one): First Year Sophomore Junior Senior Other: _____

Major: _____ Concentration: _____

Cumulative GPA (must be 3.0 or higher): _____ Total Internship Credits taken prior to this request: _____

INTERNSHIP DESCRIPTION

Subject (circle one): BUSN / ACCT

Semester/Year of Internship: _____ / _____
(Spring /Fall /Summer) (20xx) Course #: 497 Course Title: Internship

INTERNSHIP SITE INFORMATION

Reg. Office Use Only
CRN: _____

Organization Name: _____

Designated Organization Supervisor: _____ Supervisor Phone: _____

Supervisor Title: _____ Supervisor Email: _____

Internship Start Date: _____ / _____ / _____
MM DD YYYYInternship End Date: _____ / _____ / _____
MM DD YYYY

Estimated total hours per week: _____

Applies to Undergraduates, for Graduates, please consult advisor

1 credit requires a minimum of 60 hours of experiential learning

Estimated total hours per semester: _____

2 credits requires a minimum of 120 hours of experiential learning

3 credits requires a minimum of 180 hours of experiential learning

Credits Applied/Billed to Record (how you want it to be reflected on transcript):

- 0 – Zero credits are awarded, but waives the experiential requirement. No summer or overload tuition fee charge.
- 1 – One credit awarded, and tuition charge for one credit in summer or excess credits
- 2 – Two credits awarded, and tuition charge for two credits in summer or excess credits
- 3 – Three credits awarded, and tuition charge for three credits in summer or excess credits

REQUIRED SIGNATURES

INTERNATIONAL STUDENTS ONLY
(To be completed by ISSS advisor)This student is Eligible Not eligible for internship authorizationVisa type: F-1 J-1 Other visa

ISSS Advisor: _____

Date: _____

Student Signature: _____ Date: _____

Career & Professional Development Liaison: _____ Date: _____