

STUDENT INFORMATION

Name: _____ ID #: _____
Last First MI

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

INTERNSHIP SITE INFORMATION

Reg. Office Use Only
CRN: _____

Organization Name: _____

Designated Organization Supervisor: _____ Supervisor Phone: _____

Supervisor Title: _____ Supervisor Email: _____

Internship Start Date: ____ / ____ / ____ Internship End Date: ____ / ____ / ____
MM DD YYYY MM DD YYYY

Estimated total hours per week: _____

Estimated total hours per semester: _____

Applies to Undergraduates, for Graduates, please consult advisor
1 credit requires a minimum of 60 hours of experiential learning
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 authorization

Visa type: ☐ F-1 ☐ J-1 ☐ Other visa

ISSS Advisor: _____ Date: _____

Student Signature: _____ Date: _____

SBA Representative: _____ Date: _____