

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 / ECON / 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: _____ Credits Requested:

Estimated total hours per semester: _____ 0 1 2 3

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

REQUIRED SIGNATURES

INTERNATIONAL STUDENTS ONLY <i>(To be completed by ISSS advisor)</i>	This student is <input type="checkbox"/> Eligible <input type="checkbox"/> Not eligible for internship authorization	
	Visa type: <input type="checkbox"/> F-1 <input type="checkbox"/> J-1 <input type="checkbox"/> Other visa	
ISSS Advisor: _____	Date: _____	

Student Signature: _____ Date: _____

Career & Professional Development Liaison: _____ Date: _____