

School of Business: Internship/Professional Experience Approval & Enrollment Form

Student Informat	tion:						
Name:		Student ID:	udent ID: Email Address:				
Student Level:	Undergraduate Student Class: Graduate		Graduation Term:				
Major/Specialization	cialization: Accele		erated Online:	Yes No	Early Entry MSA:	Yes No	
Internship Inforn	nation:						
Company Name:			City, State:				
Title:	Start Date:		End Date:	Hours Per Week:			
Paid	Unpaid Hourly	Wage:		On-Site	Hybrid	Remote	
Supervisor Name:	Supervisor Email:						
Supervisor Title:	Supervisor Phone:						
Duties & Responsibilities (or Submit Job Description)							
Explanation of how internship relates to career goals/interests:							
Enrollment Infor Please indicate which All internship courses	term and course y are 3 credit hours	. Students will be c	harged for 3 cre	dit hours. T	Tuition & Fees apply.		
Semester:	Term:	Term: Course: Applied to Degree As:					
Student Acknow	•						
By checking the boxes School of Business int	• •			nd condition	ns of enrollment in o	ne of the	
		•		will be comi	municated promptly.	Any	
discrepancie	s could result in d	enial of my experie	nce, or no credi	t awarded.			
I understand	I that I must work	at least 120 hours	during the term	of enrollme	ent to complete this o	course.	
I am respons	sible for communi	cating the course re	equirements to	my supervis	sor.		
I understand	that I will be char	ged 3 credit hours	of tuition and fe	es for this c	course.		
I am respons	sible for knowing t	the deadlines to wit	thdraw and rece	ive a full re	fund.		
I authorize t	he School of Busi	ness to perform reg	gistration chang	es to my st	udent account and r	ecognize I	
am responsi	ble for all tuition	and fees charged fo	or this course.				
Internship Coordinate		d. Voc	No	Cupomics	or Annroyals		
GPA:	Course Neede	d: Yes	No		or Approval:		
Declared Major:				Facult	ty Approval:		