

The Ralph W. Ketner School of Business
Experiential Learning

STUDENT INTENT FORM-TO BE COMPLETED PRIOR TO BEGINNING

All internships must be approved by the Experiential Learning Instructor **BEFORE** the student begins the internship. The grades of "S" and "U" are used as final grades.

Student's name: _____ Email address: _____

_____ Phone: _____ Campus address: _____

_____ Major: _____

_____ Advisor: _____ Internship focus/

interest: _____

_____ Do you need

assistance with finding an internship? _____ Yes _____ No

If no, what is the name of your intern site (organization, agency, or business)? _____

Do you have your own transportation? _____ Yes _____ No

Are you a student athlete? _____ Yes _____ No

Number of credits desired: 40 Hours=One Credit 120 Hours=Three Credits 240 Hours=Six Credits

Term you intend to register for the internship: Fall Spring

Signature of Advisor _____

Date _____

Signature of Student _____

Date _____

Signature of Experiential Learning Instructor _____

Date _____