

The Ralph W. Ketner School of Business

Experiential Learning

INTERNSHIP APPROVAL FORM-TO BE COMPLETED PRIOR TO BEGINNING INTERNSHIP

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: _____

Major (and concentration, if applicable): _____

Advisor: _____

Name of company _____

Address of company _____

On site supervisor _____ Phone number and email _____

Short description of the planned work experiences that will benefit your long-term professional development:

Each 40 hours of work amounts to 1 credit hour. Credit hours you plan to register for (not to exceed 6):

One Credit	Two Credits	Three Credits
Four Credits	Five Credits	Six Credits

Term you intend to register for MGT4403/CIS4403:

Fall	Spring
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Term you intend to complete the internship in:

Fall	Spring	Summer
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Signature of Student _____

Date _____

Signature of Advisor _____

Date _____

Signature of MGT4403/CIS4403 Instructor _____

Date _____