NOTE TO STUDENT: Take this completed form to the drop box in Suite 107. Form 1 may be picked up in Suite 107 in the top drawer of the two-drawer file cabinet in ten class days. After you receive Form 1 back, please follow the instructions on the yellow top sheet of the internship packet.

Per COBA Internship Program policies: No credit will be given for previous experience or activities. Maximum credit is 3 hours per student and must be major/concentration related. All forms must be completed before a student may register for the course and before the activities for which credit is requested have begun. Internships are graded pass/fail.

**THIS SECTION TO BE COMPLETED BY STUDENT (PLEASE PRINT):**

<table>
<thead>
<tr>
<th>Student ID#</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>E-Mail Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Major/Concentration: (PLEASE CHOOSE ONE!)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCT (BBA)</td>
</tr>
<tr>
<td>INTL SP (BBA)</td>
</tr>
</tbody>
</table>

**DO NOT COMPLETE --- THIS SECTION TO BE COMPLETED BY EVALUATOR:**

<table>
<thead>
<tr>
<th>Declared Major</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Hours available</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Overall GPA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligible</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Signature ___________________________ Date ____________

Degree Plan Evaluator

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You may be entitled to know what information The University of Texas at Arlington (UT Arlington) collects concerning you. You may review and have UT Arlington correct this information according to procedures set forth in UTS 139. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.
REQUEST FOR UNDERGRADUATE INTERNSHIP REGISTRATION
Form 2
College of Business Administration

Eligibility for internships:
1. UTA students with a declared major in Business Administration.
2. Minimum overall grade point average of 2.5.
4. Three hours available in advanced business elective.
5. Internship form must be completed and approved by department internship coordinator.

NOTE: No credit will be given for previous experience or activities. Maximum credit is 3 hours per student. This form must be filled out before a student may register for the course and before the activities for which credit is requested have begun. Internships are graded pass/fail.

Name ____________________________ Student ID: ____________

Phone number (____)_________ Email ____________________________

Advisor ___________________________ Concentration/Major ________________

Detailed explanation of internship position.
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

Firm's name ___________________________ Phone No. ____________________________

Address ____________________________
Street Address __________ City __________ State __________ Zipcode __________

Internship contact ___________________________ Phone No. (____)_________

Start date ___________________________ End date ___________________________

________________________________________________________
Student signature ___________________________ Date ___________________________

________________________________________________________
Department Internship Coordinator ___________________________ Date ___________________________

You may be entitled to know what information The University of Texas at Arlington (UT Arlington) collects concerning you. You may review and have UT Arlington correct this information according to procedures set forth in UTS 139. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.
INTERNSHIP PROGRAM INFORMAL AGREEMENT
Undergraduate and Graduate
College of Business Administration

Employer __________________________________________

Intern Site Supervisor (Please Print) __________________________________________

Address __________________________________________
            Street Address        City     State     Zip Code
Phone Number (   ) ____________________________ Fax Number (   ) ____________________________

Student (Please Print) __________________________________________

Address __________________________________________
            Street Address        City     State     Zip Code
Home Phone Number (   ) ____________________________ E-mail __________________________________

Internship Dates: Start _______ End _______ Students must work a minimum total of 240 hours.

Remuneration: ____________________________ (Please state amount.)

Scheduled duties and/or responsibilities:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Training Opportunities:

________________________________________________________________________

________________________________________________________________________

Tentative Work Schedule:

________________________________________________________________________

________________________________________________________________________

Intern Site Supervisor ____________________________ Date

Student/Intern ____________________________ Date

Department Internship Coordinator ____________________________ Date