FORM 1 THE UNIVERSITY OF TEXAS AT ARLINGTON COLLEGE OF BUSINESS Undergraduate Internship Program

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

Per COB 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):						
Student ID#	Date					
Name	N					
Day Phone						
Major/Concentration: (PLEASE CHOOS	E ONE!)					
* ACCT (BBA)	INTL SP (BBA)					
* ACCT (BBA) * ACCT (BS)	INTL RS (BBA)					
ECON (BBA)	INSY (BBA)					
ECON (BA) Minor	INSY (BS)					
ECON (BS) Minor						
FINA (BBA) INTL CH (BBA)	MARK (BBA) OPMA (BBA)					
INTL FR (BBA)	REAE (BBA)					
INTL GR (BBA)						
*Texas State Board of Public Accountancy requires completion of 12 hours of 3000/4000 level						
DO NOT COMPLETE THIS SECTION TO BE COMPLETED BY EVALUATOR:						
Declared Major	Yes No					
Applies to Degree	Yes No					
Overall GPA						
Additional	Yes No					
Eligible: Semester	Yes No					
Signature Degree Plan Evaluator	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. 10/14/2015

REQUEST FOR UNDERGRADUATE INTERNSHIP REGISTRATION Form 2 College of Business

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Eligibility for internships:

- 1. UTA students with a declared major in the College of Business.
- 2. Minimum overall grade point average of 2.5.
- 3. Internship form must be completed and approved by department internship coordinator.

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Name	Student ID #				
Phone number ()	Email				
Semester	Concentration/Major				
Detailed explanation of internshi	ip position				
Firm's name		Phone N	0		
Address					
Street Address	City	State	Zip code		
Internship contact			Phone No. ()		
Start date	End date				
	Student signature		Date		
	Department Internship C	Coordinator	Date		

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