

Permission Request for Internship Academic Credit

Student Information										
Name					Expected Graduation Date					
ID#					Phone					
Course		ACCT		Email						
Are you an a					TYES	Тио				
Is this your rst accounting internship application?								TYES	Тио	
Have you completed Intermediate II (ACCT 3021) with a "C-" or better?								TYES	Тио	
Internship Information										
Company Name and Address										
Company Contact's Name							Phone			
Contact's Email										
Description of Internship Duties (Be speci c) Attach document with detailed job description										
Does the individual primarily responsible for your supervision hold any of the following certi cations? (Check all that apply)					he		Тсра Тсма Тсіа			
Supervisor's Name (If different from company contact)						PI	hone			
Dates of Internship Start Date						End Date				
Approvals (for Department of Accounting use only)										
Faculty Member										
Chair										
Statement of Understanding: By signing below, I af rm that to receive a "Pass" grade in the internship course, I understand and am committed to register and work and scheduled closure times) By signing below, I af rm that to receive a "Pass" grade in the internship course, I understand "at least" 20 hours per week, during the respective semester term (excluding university holidays and scheduled closure times)										
Printed Name / Signature / /								Date		