



**College of Business Internship
Course Registration Approval Form**

Student Information

Student Name: _____ Student ID: _____
Email Address: _____ Phone Number: _____
Major: _____ Minor: _____ Overall GPA: _____
FR SO JR SR Master's _____ Expected Graduation Date: _____
How did you find your Internship / Co-op position? _____

Internship Information

Company/Agency: _____
Address: _____
City/State/Zip Code: _____
Supervisor: _____ Phone: _____
Email: _____
Description of Job Responsibilities: _____

Faculty Approval

I recommend _____ to participate in the Internship/Cooperative
Education program for _____ hours in the Fall Spring Summer semester of 20____.

Faculty Signature

Date

I have received the syllabus for the internship and understand the requirements for the course.

Student Signature

Date

For Departmental Use Only

Assigned Course Number: _____ Course Code: _____



College of Business Internship Student Objectives

Student Name:

Student ID:

Statement of Purpose

Brief summary of why you are doing this particular internship.

Student Learning Objectives

These should be specific, measurable statements regarding what you want to learn from this internship experience.

Objective 1

Objective 2

Objective 3

Skills & Competencies

List the skills and competencies you hope to gain from the internship.

- 1.
- 2.
- 3.
- 4.

Supervisor's Signature

Date
