



TEXAS WOMAN'S UNIVERSITY

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: Supervisor: Phone: Email: Tentative Start Date: Tentative End Date: Hours per Week:

Description of Job Responsibilities:

Student Signature Date

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

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

For Department Use Only

Assigned Course Number: Course Code:



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**College of Business Internship Student Objectives**

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

**Statement of Purpose**

A 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 for this internship experience.

**Objective 1**

**Objective 2**

**Objective 3**

**Skills & Competencies**

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

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_