



# Permission Request for Internship Academic Credit

Student Information			
Name		Expected Graduation Date	
ID#		Phone	
Course	ACCT _____	Email	
Are you an accounting major?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Is this your first accounting internship application?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you completed Intermediate II (ACCT 3021) with a "C-" or better?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Internship Information			
Company Name and Address			
Company Contact's Name		Phone	
Contact's Email			
Description of Internship Duties (Be specific)		Attach document with detailed job description	
Does the individual primarily responsible for your supervision hold any of the following certifications? (Check all that apply)		<input type="checkbox"/> CPA <input type="checkbox"/> CMA <input type="checkbox"/> CIA	
Supervisor's Name (If different from company contact)		Phone	
Dates of Internship	Start Date	End Date	
Approvals (for Department of Accounting use only)			
Faculty Member			
Chair			
<p><b>Statement of Understanding:</b> By signing below, I affirm that to receive a "Pass" grade in the internship course, I understand and am committed to <b>register and work</b> "at least" 20 hours per week, during the respective semester term (excluding university holidays and scheduled closure times)</p>			
Printed Name / Signature _____ / _____			Date _____