

**UNA Experiential Education
Application for Graduate Internship
College of Business-MBA Program**



Date _____

Instructions

1. Complete this form and attach a letter from the proposed internship employer which includes the job duties.
2. The Dept. Chr. signs this form approving the internship.
 - a. *If you need a substitution*, the Dept. Chr. of your major must approve your substitution and complete the information box below.
 - b. Go to the Coordinator of Graduate Programs, Toysan Reed, for verification of the substitution [Raburn 312].
3. Deliver the completed form to Career Planning & Development Internship Coordinator, Heidi Grabryan [GUC 202].
4. Career Planning & Development will process the form and forward a copy to the Office of International Affairs Margaret Farley [Powers Hall]

Personal & Contact Information:

Name (Last, First, Middle) _____

Student Banner L# _____ Date of Birth _____

Local Address _____
City State Zip

Permanent Address _____
City State Zip

Phone [local] _____ cellphone # _____ Campus Box # _____

UNA Email _____ Other Email Address _____

Degree Information:

What is your MBA concentration? _____ Overall Graduate GPA _____

Projected Graduation Date _____ Academic Advisor _____

Experience Information: *Please circle*

Semester desired for Experiential Education FALL SPRING SUMMER YEAR _____

Intended Employer _____ Phone _____
Company Name Primary Contact

If you are not currently authorized to work in the U.S you must attach a letter from the proposed internship employer which includes job duties. This must also have approval of the department chair.

This employment opportunity is an integral part of an established curriculum per NAFSA Advisors Manual 3.39.2

Signature of Department Chair

Date

FOR THOSE NEEDING A SUBSTITUTION. Students seeking an Accounting, Information Systems, Finance, or Health Care Management concentration **MUST** seek prior approval from your department chair for this internship to count as a substitution for one of the required electives. **You MUST have this part of the form completed by your department chair before returning the form to Career Planning.**

I approve _____ 680 [CRN _____] to count as an approved substitution for _____
(AC, CIS, EC, FI, MG, MK) (List elective course)

Signature of Department Chair Date Signature of Coordinator of Graduate Programs Date

FOR THOSE NEEDING ACADEMIC CREDIT. You need permission from the Department Chair in your major and must meet all other departmental requirements. Take this form to your Department for completion of this section.

I am requesting permission for an internship in _____ 680 CRN _____
(AC, CIS, FI, MG, MK, HCM, IB)

Signature of Department Chair Date

After academic credit has been approved, please see the Administrative Assistant for course permit in order to register.

Permitted by Administrative Assistant

Please indicate that you have read and understand each section below by signing your initials in the space provided.

_____ I understand that applying to participate in UNA's Experiential Education Program does not guarantee acceptance into the program nor does it guarantee employment as a Co-op/Internship student. I acknowledge that the University is not my employer nor does it determine the final selection, hiring, or direct supervision of me as a Co-op/Internship student. The University is not liable for on-the-job injuries or adverse employment problems.

_____ I understand that in order to receive academic credit for this experience, or to receive zero credit but recognition on my transcript, I must submit a complete application package to Career Planning and Development *prior to beginning work*. I must also contact my academic advisor prior to registering for classes.

_____ I understand that this form is only part of the information required to participate in the Experiential Education Program. Participation is not approved/finalized until (1) this 2-page application form, employer memo of understanding, and job description are submitted and approved, and (2) I am properly registered for the Co-op/Internship course.

_____ I understand and agree that the Experiential Education Program provides opportunities for either part-time or full-time participation. I further agree that I am participating in the Program to enhance my educational experience

toward completion of an academic degree. While not working in the Experiential Education position, I will be pursuing a degree on a substantially full-time basis to the extent that I am able.

_____ I agree that upon accepting a Co-op/Internship position, I will complete my work assignment in full. In case of extenuating circumstances, I will notify (in advance) Career Planning and Development and my employer of any necessary alterations of the work assignment.

_____ I understand I am still held accountable to the University Code of Conduct and University policies.

I hereby authorize, pursuant to section 438(b)4(B) of the Family Education Rights and Privacy Act of 1974, Career Planning and Development to obtain and to release, on my behalf, to actual and prospective employers, such information contained in my academic records as is necessary to aid such employers in assessing my potential and eligibility for Co-op/Internship positions and as may be required to be released hereunder. I understand that at an employer's request Career Planning and Development will furnish student grades to my employer.

I have read and understand all statements in the application. I also certify that all information provided is true and accurate to the best of my knowledge.

Student Signature _____ **Date** _____

Submit this completed application to Career Planning and Development, Room GUC 202