

# Merrick School of Business Internship Agreement and Registration Form

To receive academic credit for an internship experience, students must complete this form with their faculty advisor. Once this form is completed and signed by all parties, the student will be granted permission to enroll in the course.

## Student / Course Information

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Undergraduate     Graduate  
Program and Specialization: \_\_\_\_\_ GPA: \_\_\_\_\_  
Semester: \_\_\_\_\_ Year: \_\_\_\_\_  
Course Number: \_\_\_\_\_

## Internship Position Information

Organization: \_\_\_\_\_ Position Title: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Supervisor's Email: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

## Learning Objectives:

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## Academic Assignments:

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## Required Signatures:

Student: \_\_\_\_\_ Date: \_\_\_\_\_  
Faculty Advisor: \_\_\_\_\_ Date: \_\_\_\_\_  
Dean's Office Representative: \_\_\_\_\_ Date: \_\_\_\_\_