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:
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Academic Assignments:
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Required Signatures:

Student: ____________________________  Date: ________________
Faculty Advisor: ____________________________  Date: ________________
Dean’s Office Representative: ____________________________  Date: ________________