

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: _____