

College of Business Administration Internship/ Co-op Approval and Registration Form



The University of Akron
College of Business Administration

Student Name: _____

Student ID: _____

Part A: (to be completed by the employer)

Employer Information

Company Name: _____

Student's Supervisor: _____

Title: _____

Work Telephone: (_____) _____

Work Email: _____

Work Address: _____

Position Information

Begin Date: _____ End Date: _____

Seeking the following majors: _____

Hours per Week*: _____ * Accounting interns are required to work 40 hours/week for 10 weeks (400 hours total) minimum. All other interns are required to work 16 hours/week for 15 weeks (240 hours total) minimum.

Hourly Wage**: _____ ** Unpaid internships must meet the criteria outlined by the U.S. Department of Labor and Wage Division. For more information please visit <http://www.dol.gov/whd/regs/compliance/whdfs71.htm>

Job Description: (Attach pages if necessary)

*If you wish to conduct a research project for your current employer for internship credit please attach a one page summary of the project. Be sure to include the objective of the project, hypothesis of the outcome, and metrics used in analysis.

The employer agrees to: assist the student in the completion of an academically-relevant and meaningful experience, including providing adequate supervision and an evaluation of the student's performance. The employer agrees to discuss termination/performance situations with the student's faculty supervisor.

Employer Signature: _____

Date: _____

Departmental Use Only:

Internship Approved to Post By: _____ Date: _____

Part B: (to be completed by the student)

Student Information

Name: _____ Major(s): _____

Student ID#: _____ Email: _____

Class Standing: _____

Eligibility: To see if you are eligible to earn credit for your internship visit www.uakron.edu/cba/internships/eligibility.dot

The student agrees to: satisfactorily meet all requirements of both the employer and The University of Akron, including duties as assigned by the employer, course assignments as outlined by the course syllabus, course registration and payment of all associated fees for all semesters of participation.

Payment: Internships are 3 credit hours; students must pay the current tuition rates and fees associated with those 3 credits. Co-op's are 0 credits but students are required to pay a registration fee.

Course Assignments: A Brightspace class associated with the students' internship or co-op will become available at the beginning of the internship term.

Deadline: This form and all supporting documents must be submitted to CBA 260 2 business days before the last day to add classes.

*****Final Approval of the job description and students' prerequisites is made by the Department Chair.**

I would like to participate in the Co-op ☐ Internship ☐

Student Signature: _____ Date: _____

Part C: (to be completed by the College of Business)

Student meets criteria for Co-op ☐ Internship ☐ Does not qualify ☐

Verified by: _____
Undergraduate Advisor

Student is participating in the _____ Co-op/Internship (circle one/both)
Semester/Year

Student is registered for _____ - _____ : _____ : _____ / _____ - _____ : _____ : _____
Course ID Department # Course # Section # Course ID Department # Course # Section #

Notes: _____

The CBA agrees to: provide support to both the student and employer in an effort to answer questions, resolve potential problems, and otherwise endeavor to make the experience productive, rewarding, and educational for both parties.

Department Chair Signature: _____ Date: _____

Dr. Thomson, Finance, CBA 201, thomson1@uakron.edu, 330-972-6329 (Finance)
Professor Jones, Accounting, CBA 240, jbb14@uakron.edu, 330-972-8563 (Accounting)
Dr. Nelson, Economics, CBA 310, nelson2@uakron.edu, 330-972-7939 (Economics)
Dr. Owens, Marketing, POL 528, deb@uakron.edu, 330-972-8079 (Marketing, Sales, IMC, IB)
Dr. Ash, Management, CBA 330, ash@uakron.edu, 330-972-6429 (HR, Supply Chain, Information Systems Management)
Dr. Hanlon, Business Administration, CBA 425, hanlon@uakron.edu, 330-972-7041 (General Business)

Departmental Use Only

Student was enrolled by: _____ Date: _____

Student was notified of enrollment ☐