

# 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)

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\*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: \_\_\_\_\_

**Part B: (to be completed by the student)**

**Student Information**

Name: \_\_\_\_\_ Major(s)\*\*\*: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Email: \_\_\_\_\_

Class Year: \_\_\_\_\_

I would like to participate in the Co-op  Internship  (Please consult with your academic advisor or the internship coordinator regarding the difference between co-op and internship and which is right for you).

\*\*\* If multiple majors choose the one you'd like this internship to count toward: \_\_\_\_\_

**Eligibility:** To see if you are eligible to earn credit for your internship visit [www.uakron.edu/cba/internships/eligibility.dot](http://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 [internships.cba@uakron.edu](mailto:internships.cba@uakron.edu) or 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.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Part C: (to be completed by the Internship Coordinator)**

Student meets criteria for Co-op  Internship  Does not qualify

Verified by: \_\_\_\_\_  
(Advisor signature)

Notes: \_\_\_\_\_

Student will be participating in the \_\_\_\_\_ (Semester/Year)  Co-op  Internship

Student will be registered for \_\_\_\_\_ - \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_  
Course ID Department # Course # Section # Course ID Department # Course # Section#

Department Chair Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

**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.

Departmental Use Only

Student was enrolled by: \_\_\_\_\_ Date: \_\_\_\_\_

Student was notified of enrollment