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

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](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 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

<table>
<thead>
<tr>
<th>Course ID</th>
<th>Department #</th>
<th>Course #</th>
<th>Section #</th>
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<tbody>
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Student is registered for the above courses.

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, jjb14@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 [ ]