Business Internship Approval Form
College of Business Administration
University of Missouri – Saint Louis

Print (or circle where requested) all information below.
Student Name: __________________________ Phone Number___________________
Student Number: _________________________ E-Mail__________________________
Internship Semester (circle): Fall Spring Summer: 04 05 06
Expected Graduation_______________ CoBA GPA_______ Campus GPA___________
Faculty Supervisor: _______________________________________________________
Name of Company: _______________________________________________________
Referred by: __________________________________________________________________
On Site Supervisor: Name ___________________________________________________
Phone Number (____)___________ E-Mail Address _____________________________
Expected hours per week to be worked as part of internship: ______________________

Please attach to this form a typed description of the planned work experiences that will benefit your long-term professional development. A written report detailing actual experiences will be required at the end of the semester.

All signatures below must be completed before one can be enrolled for internship credit.

Credit Hours (not to exceed 3): ________________________________________
Generally academic internship credit will not be granted for work connected to a student’s current position as an employee of an organization.

Compensation (circle): Not Paid Paid If paid, amount: __________________

Grade Basis (circle): Letter Grade Satisfactory/Unsatisfactory*

Acceptable towards minimum Emphasis Area requirements (circle): Yes No

Note: satisfactory/unsatisfactory is not an option if course is acceptable towards minimum emphasis area requirements; graduate students cannot be graded on a sat/unsat basis.

Faculty Supervisor’s Signature _____________________________ Date ___________
Area Coordinator’s Signature ______________________________ Date ___________
Student’s Signature _______________________________ Date ___________
Internship Coordinator: ___________________________ Date ___________

Completed form must be submitted to Office of Undergraduate or Graduate Academic Advising for formal registration in this “special consent” course.

Specific Course Number: ____________________________________________

Academic Advisor’s Signature ____________________________ Date ___________

DRG/10-25--2004