

Date Rec. ___ / ___ / _____

Approval: _____

Application for AGSM Internship Credit for Degree Plan

This application must be completed and approved prior to start of internship.

Applicant Information

Name: _____ Date: _____

Email: _____ Phone: _____

Number of course credit hours requested: (1-3) _____

- 1 credit hour – minimum of 75 hours worked
- 2 credit hours – minimum of 150 hours worked
- 3 credit hours – minimum of 225 hours worked

Semester completing the internship: _____

Is this a paid position? _____

Have you worked for this company on a previous occasion? _____

Number of hours expected to work on a weekly basis: _____

Number of weeks expected to work: _____

Total number of hours expected to work: _____

Describe work duties, responsibilities, and activities.

Explain how internship is an extension of or supports your AGSM classwork.

What is the professional value of the internship and how does it meet your career goal(s).

Company and Supervisor Information

Company Name: _____

Name of Supervisor or Internship Coordinator: _____

Phone: _____

Email: _____

Supervisor work location (town/state/country): _____

Internal Internship Review Checklist

Name of Applicant: _____

Semester of requested internship: _____

Checklist

- Application received
- Coordinator interviewed applicant – date: _____
- Company contacted – date: _____ who: _____
- Committee reviewed application
- Approved for _____ Credit hours
- Declined
- Returned for more information

Notes:
