School of Business: Internship/Professional Experience Approval & Enrollment Form

SIUE COUGARS

NOTE: By completing this form you will be registered for one of the School of Business experience courses. These are 3 credit hour courses that incur tuition & fees. Students must be declared into a School of Business or Economics major, meet course prerequisites, and be in good academic standing. Students not meeting this standard may be eligible for transcript recognition by the Career Development Center.

Student Information:

Name: _____   Student ID: _____

Phone Number: _____   E-mail Address: _____

Student Level   ○ Undergraduate   Student Class _____   Expected Graduation: _____
                  ○ Graduate   (mm/yy)

Major: _____   Specialization: _____

Internship Information:

Employer: _____   City, State: _____

Position Title: _____   Primary work location: ☐ On Site   Remote

Supervisor's Name: _____   Supervisor's Title: _____

Supervisor's E-mail: _____   Supervisor's Phone: _____

Start Date: _____   End Date: _____   Paid / Unpaid   Hourly Wage: _____   Refuse to provide   Hours Per Week: _____

List of Job Duties Related to Major: (or submit position description) _____

Explanation of how internship relates to career goals/interests: _____

Enrollment Information:

Please indicate which term and course you are seeking enrollment (**Note: Must be synchronous with term of work**):

Term: _____   Course: _____   Credit Hours: 3   Credit Applied As: _____

Undergraduate seeking registration in Graduate course:

☐ Early Entry for MSA program   Term Applied: _____   If not, need Graduate Student Request Form

By signing this form, I agree that all information reported is accurate and **I anticipate working at least 120 hours during the term** of enrollment. Any discrepancies could result in denial of my experience for academic credit or no credit awarded. **I authorize the School of Business to perform registration changes to my student account and recognize I am responsible for all tuition and fees charged for this course**. I understand that this course follows the **same withdraw procedures as all other full-term courses** at SIUE and if I do not complete my internship, I will still be liable for any tuition charges in accordance to SIUE policy. If approval is received after start of the term, I understand that the late registration policy set by the Office of the Registrar will apply.

Student Signature: _____   Date: _____
(use Fill & Sign feature)

Internship Coordinator Use Only:

GPA: _____   Needs Elective for Graduation: Yes   No   Supervisor Approval: _____

Declared Major: _____   Faculty Approval: _____