CREDIT-BEARING INTERNSHIP FORM

Name:		tudent ID #:		Date:		
Email:		Phone:				
Academic Qualification: Met with an Acad				No: ⊔		
Overall GPA:	Program specific GPA:(MSA/MSF) for Internship:					
Degree Program(s):	If an MBA, what Concentration(s)?		For MBA only- Internship requested to count as: Concentration Elective: □ Unrestricted Elective: □			
Are you a Grad Assistant? Yes: □ No: □	Are you currently an undergraduate student in the Falcon Fast Track Program? Yes: No:					
Are you a U.S. Citizen? Yes: □ No: □	International Students: Have you studied in the United States for at least two term semesters? Yes: \square No: \square					
Prior graduate field-based learning experien	nce (internships/GBEs/fie	eld-based directed stu	udies):			
Meets all required coursework in the discipline: Yes: □ No: □ Not Applicable: □		Meets program and course requirements for requested internship: Yes: \square No: \square				
Academic Advisor Signature:		Date:				
Internship Selection: Check the internship course for which you are applying. You must meet with the Faculty Internship Coordinator for that course.						
3-credit courses	1-credit courses		Internship Coordinators			
□ AC701	□ AC590		Scott Boss, Adamian 267			
□ CS701 (MBA students) □ CS590			Lincoln Matra, Smith 106			
☐ CS881 (MSIT & MSMBA students)			Lincoln Matra, Smith 106			
□ EC701			Jeff Livingston, Adamian 193			
□ ES701			Fred Tuffile, Adam	nian 286		
□ ETH701			Jeffrey Moriarty, A	damian 115		
□ FI701 □ FI590			Claude Cicchetti, Morison 121			
□ FP781 □ FP590			Tim Tierney, Morison 272			
□ IPM701 □ IPM590		Lincoln Matra, Smith 106		ith 106		
□ HF790 □ HF590			William Gribbons, Morison 294			
□ MG701 □ MG590			Fred Tuffile, Adamian 286			
□ MK701 □ MK590			Erin Flynn, Morison 237			
□ ST701 □ ST590			Piaomu Liu, Morison 393			
□ TX781	□ TX590		Tim Tierney, Moris			

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Student Name:	Student ID #:		
Student Name:	Student ID #:		
To be completed by student	and reviewed by Internship Coordinator	r 	
Internship position secured at what organization:	Position Title:	Position Title:	
Start Date*:	End Date*:	End Date*:	
Work Supervisor (if available):	Approved Internship Course (e.g. M	Approved Internship Course (e.g. MK701):	
Faculty Supervisor:	Semester: Y	ear:	
Faculty, please initial to indicate that you have reviewed previous that the current internship is sufficiently different, if applicable.	Faculty, initial here:		
Faculty Internship Coordinator Signature	Date		
I have met academic requirements for internships, reviewed the regarding course expectations. I also understand the expectation that meet the goals of the requested internship course.			
Student Signature		Date	
J			
Internship Coordinator, please return application to:			
Alina Chircu, MOR 305 Associate Dean of Business for Graduate Programs			
Once this application is approved by the Associate Dean, the or for the internship course. Scanned copies of this application was tudents, to the CISS Office. International students should composficially registered in the internship course (the course will be	ill be emailed to the Internship Coordinat plete a CPT application and bring it to the	or and, for international	
Associate Dean Signature		_	
		Date	