

GRADUATE CREDIT-BEARING INTERNSHIP FORM

Name:	Student ID #:	Date:
Email:	Phone:	

Academic Qualification: Meet with an Academic Advisor in Graduate Student and Academic Services (Jennison 336)			
Overall GPA:	Program specific GPA:(MSA/MSF) for Internship:		
Degree Program(s):	If an MBA, what Concentration(s)?	<i>For MBA only:</i> Internship requested to count as: _____Concentration Elective _____Unrestrictive Elective	
Are you a GA? (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/No)		
Prior graduate field-based learning experience (internships/GBEs/field-based directed studies)			
Student meets all required coursework in the discipline: # of courses and/or specified courses. (Yes/No/Not Applicable)			
Student has met the program and course requirements for requested internship.	YES	NO	Academic Advisor Signature/Date:

Internship Selection: In the table below, 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	Karen Osterheld, Adamian 282
_____CS701 (MBA students)	_____CS590	Dennis Anderson, Smith 400
_____CS881 (MSIT & MSMBBA students)		Dennis Anderson, Smith 400
_____EC701		Jeff Livingston, Adamian 193
_____ES701		Fred Tuffile, Adamian 286
_____ETH701		W. Michael Hoffman, Adamian 116
_____FI701	_____FI590	Claude Cicchetti, Morison 121
_____FP781	_____FP590	Scott Thomas, Morison 284
_____IB701		Golpira Eshghi, Adamian 317
_____IPM701	_____IPM590	Dennis Anderson, Smith 400
_____HF790	_____HF590	William Gribbons, Morison 294
_____MG701	_____MG590	Fred Tuffile, Adamian 286
_____MK701	_____MK590	James F Pouliopoulos, Morison 296
_____ST701	_____ST590	Piaomu Liu, Morison 393
_____TX781	_____TX590	Scott Thomas, Morison 284

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Student Name:	Student ID #:
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To be completed by student and reviewed by Internship Coordinator	
Internship Position Secured at What Organization:	Position Title:
Start Date*:	End Date*:
Work Supervisor (if available):	Approved Internship Course (e.g. MK701)
Faculty Supervisor (please print):	Semester: Fall 20 ____ Spring 20 ____ Summer 20 ____
Faculty, please initial to indicate that you have reviewed previous internship job descriptions and verified that the current internship is sufficiently different, if applicable.	
Faculty Internship Coordinator Signature	Date

*All internships must start and end within the term of registration (fall, spring or summer semester).

I have met academic requirements for internships, reviewed the policies governing internships, and have met with an internship coordinator regarding course expectations. I also understand the expectations for combining professional practice and academic study in proportions that meet the goals of the requested internship course.	
Student Signature	Date

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 original will be sent to the Registrar's Office and you will be registered for the internship course. Scanned copies of this application will be emailed to the Internship Coordinator and, for international students, to the CISS Office. International students should complete a CPT application and bring it to the CISS Office once you are officially registered in the internship course (the course will be listed in your MyBentley account).

Associate Dean Signature	Date
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