GRADUATE CREDIT-BEARING INTERNSHIP FORM

Name:		Student ID #:		Date:		
Email:		Phone:				
Academic Qualification: Met with an Ac		_	_	_		
* Students in the ASF program requesting an in				internship coordinator.		
Overall GPA:	Meets program and course requirements for requested internship: Yes: No:					
Degree Program(s):			For MBA only- Internship requested to count as: Concentration Elective: Unrestrictive Elective:			
Will you have additional employment while interning?* Yes: No:	Are you a U.S. Citizen or Permanent Resident? Yes: No:			International Students: Have you studied in the United States for at least two term semesters?** Yes: No:		
Prior graduate field-based learning experi	ence (internships/GBEs/f	field-based directed stu	dies):			
Academic Advisor Notes:						
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 course		Internship Coord			
☐ AC701	☐ AC590		Scott Boss, Adamian 267			
CS701 (MBA students)	☐ CS590		Lincoln Matra, Smith 106			
CS881			Lincoln Matra, Smith 106			
□ EC701			Sacha Gelfer, Adamian 167			
□ ETH701			Jeffrey Moriarty, A	Jeffrey Moriarty, Adamian 115		
□ FI701 □ FI590			Claude Cicchetti, Morison 121			
□ IPM701	☐ IPM590		Lincoln Matra, Smi	ith 106		
☐ HF790	☐ HF590		Janelle Estes, Morison 291			
☐ MG701	☐ MG590	☐ MG590		Christopher King, Adamian 286		
☐ MK701	☐ MK590	Isaura Beltre, Mon		rison 252		
☐ ST701	☐ ST590		Piaomu Liu, Morison 393			
☐ TX781	☐ TX590	☐ TX590		Scott Boss, Adamian 267		

^{*} Graduate assistants must obtain permission from the Director of Graduate Academic Advising & Engagement to register for an internship course. ** International students are required to meet with CISS to review immigration requirements.

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Student Name:		Student ID #:					
To be completed by student and reviewed by Internship Coordinator							
Internship position secured at what organization:		Position Title:					
Start Date*:	End Date*:	Location of I		f Internship (City, State)			
Work Supervisor (if available):		Approved Internship Course (e.g. MK701):					
Faculty Supervisor:		Semester:	Year:				
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, initial here:			
Faculty Internship Coordinator Notes:							
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			

Once this application is approved by Faculty Internship Coordinator, the original will be sent to the Registrar's Office and you will be registered for the internship course. International students studying on F-1 visas must also obtain Curricular Practical Training (CPT) authorization from the Center for International Students & Scholars (CISS) prior to beginning an internship. Please visit bentley.edu/ciss for more information