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:
________________________________________________________________________________
________________________________________________________________________________
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Current: February 26, 2019