The University of Akron College of Business Internship/Co-Op Registration and Approval Form UNDERGRADUATE STUDENT FORM

Finalized forms should be emailed to the CoB Internship Coordinator at internships.cba@uakron.edu or dropped off to CoB 161.

Student Name:					
PART A (to be completed by En	nplover):				
Employer Information:					
Student's Supervisor Information:					
Supervisor Name:					
Title:					_
Telephone:					_
Email					_
Company Name:					_
Company Address:					_
Position Information:					
Position Title:			Start Date:	End Date:	
Work Medium: Or	-Site	Remote	Hybrid		
Hours Per Week:	*Ac	ccounting interns	are required to work 40 h	ours/week for 10 weeks (400 hou	ırs
total) minimum. All other interns are					
Hourly Wage:	**	Interns are requir	ed to be paid at least min	imum wage. Unpaid internships r	nust
meet the criteria outlined by the U.S.	Department (of Labor and Wag	ge Division. For more info	rmation, please visit	
https://www.dol.gov/agencies/whd/fa	act-sheets/71	1-flsa-internships			
Job Description: Attach a full, official o	conv of the ic	nh description for	denartment review and a	nnroval	
*Students: If you wish to conduct a resear		•	•		e
project. Be sure to include the objective of		•		, -	-
The employer agrees to assist the student	dent in the co	ompletion of an a	cademically relevant and	meaningful experience, including	
providing adequate supervision and fe	edback on th	ne student's perfo	ormance. Any significant is	ssues regarding the student's cond	duct
or performance should be brought to	the attention	n of the faculty su	pervisor.		
REQUIRED EMPLOYER SIGNATURE:				DATE	

PART B (to be completed by Student):

Student Information:									
Name:	Major(s):								
Student ID:			Email:						
Credit Hours Earned at the	Conclusion of Current	t Semester:							
Student Type:	omestic	Inte	rnational***						
***International students in	F-1 and J-1 status m	ust receive work a	authorization b	efore start	ing employm	nent. F-1 stud	ent must		
obtain Curricular Practical T	raining (CPT) authoriz	zation and J-1 stud	lents must obt	ain Acaden	nic Training a	uthorization.	Questions		
about international student	employment eligibili	ty should be direc	ted to the Inte	rnational C	enter at imm	nigration@uak	ron.edu.		
Course Enrollment:									
I would like to participate in	the		_ (Semester/Y	ear)	Co-Op	Inte	rnship		
(Consult with your academic adviso	or or the Internship Coordi	nator regarding the dif	fference between	the Co-op and	Internship cou	rses and which o	ne is right for you)		
If you have multiple majors,	select the major for	which you would	like this intern	ship to cou	nt:				
Eligibility: To see if you are	eligible to earn cred	lit for your interns	shin visit www	, uakron ed	lu/cha/intei	rnshins/eligih	ility dot		
The student agrees to: satis	_	-	-				-		
assigned by the employer, o	-	•			-		_		
fees for all semesters of par		s outilited by the t	Course synabu	3, course re	gistration ar	ia payment of	an associated		
Payment: Internships are 3	·	ts must pay the su	rront tuition r	atos and fo	os associato	d with those 3	crodits Co		
op's are 0 credits but stude				ates and re	es associate	u with those s	credits. co-		
Course Assignments: A Brig				or co on w	ill hocomo s	wailahlo at the	a haginning of		
	ntspace class associa	ted with the stude	ints internsin	o or co-op v	viii become a	ivaliable at till	s beginning or		
the internship term. Deadline: This form and all:	supporting documon	ts must be submit	tad to intorns	hine cha@u	iakron odu o	ur CDA 161 2 h	ucinose dave		
before the last day to add cl									
•				nen compi	eteu CPT app	incation to the	: IIIternational		
Center at least two weeks b	eiore the start of the	ir internship/co-op	ρ.						
REQUIRED STUDENT SIGNA	TURE:		D	ATE:					
Part C (to be complete	d by Internship C	oordinator):			Varified P				
Student meets criteria for:	Со-ор	Internship	Does Not	Qualify	verilled b	(Advisor	Signature)		
Notes:	·	·		•					
	g in the		(Semester/Year)			Со-ор	Internship		
Student will register	_		. ,		_				
for:	Course ID Dept	 # Course #	·/	Course ID	Dent #	 Course #	Section #		
	course is sept	codise	Section ii y	course is	Вере п	course n	Section "		
DEPARTMENT CHAIR SIGNATURE:				DATE:		_			
The CoB agrees to provide support the experience productive, reward			o answer question	ns, resolve pot	ential problems	s, and otherwise e	ndeavor to make		
Departmental Use Only	mission to register by				Date				
Student was granted per Student was notified of p					Date:	·			
Student was nothied of p	JC1111331011.								

^{****}Final Approval of the job description and students' prerequisites is made by the Department Chair.