

# UNDERGRADUATE STUDENT FORM

The University of Akron

College of Business Internship/Co-Op Registration and Approval Form

Finalized forms should be emailed to the CoB Internship Coordinator at [internships.cba@uakron.edu](mailto:internships.cba@uakron.edu) or dropped off to CoB 161.

Student Name: \_\_\_\_\_

PART A (to be completed by Employer):

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:  On-Site  Remote  Hybrid

Hours Per Week: \_\_\_\_\_ \*Accounting interns are required to work 40 hours/week for 10 weeks (400 hours total) minimum. All other interns are required to work 16 hours/week for 15 weeks (240 hours total) minimum.

Hourly Wage: \_\_\_\_\_ \*\*Interns are required to be paid at least minimum wage. Unpaid internships must meet the criteria outlined by the U.S. Department of Labor and Wage Division. For more information, please visit [Department of Labor Criteria for Paid Internship](#)

Job Description: Attach a full, official copy of the job description for department review and approval.

\*Students: If you wish to conduct a research project for your current employer for internship credit, please attach a one-page summary of the project. Be sure to include the objective of the project, hypothesis of the outcome, and metrics used in analysis.

The employer agrees to assist the student in the completion of an academically relevant and meaningful experience, including providing adequate supervision and feedback on the student's performance. Any significant issues regarding the student's conduct or performance should be brought to the attention of the faculty supervisor.

**REQUIRED EMPLOYER SIGNATURE:**

**DATE:**

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PART B (to be completed by Student):

Student Information:

Name: \_\_\_\_\_ Major(s): \_\_\_\_\_

Student ID: \_\_\_\_\_ Email: \_\_\_\_\_

Credit Hours Earned at the Conclusion of Current Semester: \_\_\_\_\_

Student Type:  Domestic  International\*\*\*

\*\*\*International students in F-1 and J-1 status must receive work authorization before starting employment. F-1 student must obtain Curricular Practical Training (CPT) authorization and J-1 students must obtain Academic Training authorization. Questions about international student employment eligibility should be directed to the International Center at [immigration@uakron.edu](mailto:immigration@uakron.edu).

Course Enrollment:

I would like to participate in the \_\_\_\_\_ (Semester/Year)  Co-Op  Internship

(Consult with your academic advisor or the Internship Coordinator regarding the difference between the Co-op and Internship courses and which one is right for you)

If you have multiple majors, select the major for which you would like this internship to count: \_\_\_\_\_

Eligibility: To see if you are eligible to earn credit for your internship visit UA Internship Eligibility The student agrees to:

satisfactorily meet all requirements of both the employer and The University of Akron, including duties as assigned by the employer, course assignments as outlined by the course syllabus, course registration and payment of all associated fees for all semesters of participation.

Payment: Internships are 3 credit hours; students must pay the current tuition rates and fees associated with those 3 credits. Co-op's are 0 credits but students are required to pay a registration fee.

Course Assignments: A Brightspace class associated with the students' internship or co-op will become available at the beginning of the internship term.

Deadline: This form and all supporting documents must be submitted to [internships.cba@uakron.edu](mailto:internships.cba@uakron.edu) or CBA 161 2 business days before the last day to add classes for the semester. F-1 students should submit their completed CPT application to the International Center at least two weeks before the start of their internship/co-op.

**REQUIRED STUDENT SIGNATURE:**

**DATE:**

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Verified By: \_\_\_\_\_  
(Advisor Signature)

Part C (to be completed by Internship Coordinator):

Student meets criteria for:  Co-op  Internship  Does Not Qualify

Notes: \_\_\_\_\_

Student will be participating in the \_\_\_\_\_ (Semester/Year)  Co-op  Internship

Student will \_\_\_\_\_ : \_\_\_\_\_ / \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_  
register for: Course ID Dept # Course # Section # / Course ID Dept # Course # Section #

DEPARTMENT CHAIR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

The CoB agrees to provide support to both the student and employer in an effort to answer questions, resolve potential problems, and otherwise endeavor to make the experience productive, rewarding, and educational for both parties.

<p><b>Departmental Use Only</b></p> <p>Student was granted permission to register by: _____ Date: _____</p> <p>Student was notified of permission: <input type="checkbox"/></p>
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\*\*\*\*Final Approval of the job description and students' prerequisites is made by the Department Chair.