

The University of Akron
College of Business Internship/Co-Op Registration and Approval Form
GRADUATE 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 Employer):

Employer Information:

Student's Supervisor Information:

Supervisor Name: _____

Title: _____

Telephone: _____

Email _____

Company Name: _____

Company Address: _____

Internship/Co-Op Position Information:

Position Title: _____ Start Date: _____ End Date: _____

Work Medium: In-Person 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 a minimum of 16 hours/week for 15 weeks (240 hours total).

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 and be approved by the Dean. For more information, please visit <https://www.dol.gov/agencies/whd/fact-sheets/71-flsa-internships>

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

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:** _____

PART B (to be completed by Student):

Student Information:

Name: _____ Program: _____

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.

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)

****Number of Credit Hours Requested for Experience (INTERNSHIP ONLY): 1 2 3

****(Number of hours worked determines enrollment in credit hours: 80-159 hours = 1 credit hour; 160-239 hours = 2 credit hours; 240+ hours = 3 credit hours)

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 between 1 and 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 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:** _____

Part C (to be completed by Internship Coordinator):

Verified By: _____
(Advisor Signature)

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.

Departmental Use Only
Student was enrolled by: _____ Date: _____
Student was notified of enrollment:

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