Business Internship Approval Form  
College of Business Administration  
University of Missouri – Saint Louis

Print (or circle where requested) all information below.

Student Name: __________________________ Phone Number: __________________________
Student Number: ____________________________E-Mail: __________________________

Internship Semester (circle): Fall Spring Summer: Year: ______
Expected Graduation: ____________________________ CoBA GPA: __________ Campus GPA: __________

Faculty Sponsor: __________________________________________
Name of Company: __________________________________________
Address of Company: __________________________________________
How did you find out about internship?________________________________________

On Site Supervisor: Name: __________________________________________
Phone Number: (______)___________ E-Mail Address: ______________________

Expected hours per week to be worked as part of internship: ______________________

Please attach to this form a typed description of the planned work experiences that will benefit your long-term professional development. A written report detailing actual experiences will be required at the end of the semester.

All signatures below must be completed before one can be enrolled for internship credit.

Credit Hours (not to exceed 3): _____ Total number of credit hours for semester: ______

Generally academic internship credit will not be granted for work connected to a student’s current position as an employee of an organization.

Compensation (circle): Not Paid Paid If paid, amount: ______________________

Grade Basis (circle): Letter Grade Satisfactory/Unsatisfactory*

Acceptable towards minimum Emphasis Area requirements (circle): Yes No

Note: satisfactory/unsatisfactory is not an option if course is acceptable towards minimum emphasis area requirements; graduate students cannot be graded on a sat/unsat basis.

Faculty Sponsor’s Signature: _____________________________ Date: __________

UMSL Department Chair: _____________________________ Date: __________

Student’s Signature: _____________________________ Date: __________

UMSL CoBA Internship Coordinator: _____________________________ Date: __________

Completed form must be submitted to Office of Undergraduate or Graduate Academic Advising for formal registration in this “special consent” course.

Specific Course Number: _____________________________

Academic Advisor’s Signature: _____________________________ Date: __________