

**UNIVERSITY OF WEST GEORGIA  
RICHARDS COLLEGE OF BUSINESS  
POLICIES AND PROCEDURES FOR INTERNSHIPS WITH  
ACADEMIC CREDIT**

*Internships at UWG may be taken for academic class credit or for academic recognition (notation on transcript, but no credit). Internships for academic credit are processed through the academic department in which credit is sought. Internships for academic recognition are processed entirely through the Career Services Office.*

*The following are policies and procedures for internships with academic credit in the Richards College of Business.*

1. **Qualifications:**

Minimum 2.5 GPA

Major status

Other pre-requisites may be required by the department for specific internships.

2. **Academic Requirements**

The student will work with a professor assigned by the department chair, who (in consultation with the departmental chairperson) will determine the academic requirements\*, the credit hours and the final grade for the internship.

*\* At a minimum these requirements will include –*

*i) a weekly journal listing all activities;*

*ii) a research paper or project; and*

*iii) an evaluation from the supervisor.*

3. **Student Responsibilities**

a) Obtain an internship information packet from his/her advising department

b) Provide a letter and/or an official job description from the employer, describing and verifying the internship employment and signed by a representative of the employer; \*

c) Obtain written approval from the assigned professor and the chairperson;

d) Submit completed and signed documentation to the Assistant Dean for final approval;

e) Submit the appropriate forms to register the internship and pay the appropriate registration fees; \*\*

**To receive credit, internships must be registered on or before the last day of drop/add at the beginning of the semester.**

\* *Internship credit will not normally be given for a job where the student is employed on an on-going basis.*

\*\* *Students are encouraged to register any academic credit internship with Career Services in order to concurrently receive 'academic recognition'.*

# Professional Practice Application

Please complete this form. For **Academic Recognition** return along with your signed agreement forms to the Career Services Department in Parker Hall Room 364. For **Academic Credit** return with appropriate documentation to your academic major department. If you have questions, please contact Career Services at 678.839.6630.

Name \_\_\_\_\_ Student ID Number \_\_\_\_\_  
(Last) (First) (M.I.)

Major: \_\_\_\_\_ Minor: \_\_\_\_\_ Overall GPA: \_\_\_\_\_

Student Classification: \_\_\_ Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior \_\_\_ Graduate \_\_\_ Other

Of other, please specify: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

University Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ University Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

U.S. Citizen? \_\_\_ Yes \_\_\_ No If not, where is your permanent residence? \_\_\_\_\_

If not a U.S. Citizen, do you have an F-1 Visa? \_\_\_ Yes \_\_\_ No If yes, do you have a work permit? \_\_\_ Yes \_\_\_ No

Are you a veteran? \_\_\_ Yes \_\_\_ No If Yes, dates of service: \_\_\_\_\_ Branch: \_\_\_\_\_

Physical Limitations? \_\_\_ Yes \_\_\_ No

Location Preference: \_\_\_ Local \_\_\_ Atlanta \_\_\_ Other

If other, please specify: \_\_\_\_\_

Do you have reliable transportation? \_\_\_ Yes \_\_\_ No

What are you interested in? \_\_\_ Co-op \_\_\_ Internship If Co-op, which program? \_\_\_ Alternating \_\_\_ Parallel

Are you seeking academic credit? \_\_\_ Yes \_\_\_ No *If yes, contact your department chair for academic requirements.*

Would you be willing to work in a non-paid volunteer internship? \_\_\_ Yes \_\_\_ No

## **Release Statement**

I hereby authorize the UWG Department of Career Services/major academic department to release, on my behalf, such information contained in my education records as is necessary to aid employers in assisting my potential for employment, (i.e. transcript, resume, application, etc.). I understand that this information will be disclosed to those persons within the employer's organization who have been determined by that organization to have a need to know. If accepted for a Co-op position, I understand that the transcript information may be made available quarterly to the Co-op employer. I understand that this information is released pursuant to Section 438(b) 4(B), or the Family and Privacy Act of 1974 and will not be released to any other party without consent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*The University of West Georgia is an equal opportunity educational institution.*

