

**05.FOR.09**

**INTERNSHIP AGREEMENT**

**TEXAS A&M UNIVERSITY-CORPUS CHRISTI, COLLEGE OF BUSINESS**

(Approved by COB Faculty December 6, 2018)

Student: \_\_\_\_\_ Banner ID#: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Course Title: \_\_\_\_\_ Course #: \_\_\_\_\_4398  
Semester: \_\_\_\_\_ Year: \_\_\_\_\_ Sem. Hrs: \_\_\_\_\_  
Professor: \_\_\_\_\_ CRN #: \_\_\_\_\_ Student's Major: \_\_\_\_\_

Description of Proposed Study, Job Description, and End Product Required:

Specific Method of Evaluation:

A job description and complete syllabus must be provided with this form before signatures are added. The syllabus must conform to the standardized syllabus template, including a full list of learning objectives, requirements of the proposed study, and timetable for completion.

**Student must have a minimum G.P.A. of 2.75 in upper division work, 9 hours division work complete in major, and 12 hours of upper division general course work complete. Accounting majors must have 12 hours of upper division course work in accounting and upper level G.P.A. of 3.0.**

_____ Signature of Academic Advisor	_____ Date
_____ Signature of Student	_____ Date
_____ Signature of Faculty Sponsor	_____ Date
_____ Signature of Department Chair	_____ Date
_____ Signature of Internship Coordinator	_____ Date