

BUS 300 INTERNSHIP PETITION FORM

Please print:

Name: _____ KUID: _____

E-mail: _____ Phone number: _____

Major (check all that apply; if pre-business, check “pre-business” + your intended majors if known):

- | | | |
|--|--|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Management & Leadership | <input type="checkbox"/> Supply Chain Management |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Marketing | <input type="checkbox"/> Business Administration |
| <input type="checkbox"/> Information Systems | <input type="checkbox"/> Pre-Business | <input type="checkbox"/> Other: _____ |

By the time you start your internship, will you have completed at least 30 hours of college credit? ____Yes ____No

By the time you start your internship, will you have completed at least one of the pre-business courses (ACCT 200, ACCT 201, DSCI 301/202, IST 301/202) or will you be enrolled in one of them while you are completing the internship? ____Yes ____No

Are you admitted to the School of Business or are you currently a Pre-Business student who expects to complete a Business major? ____Yes ____No

Have you already completed or started your internship? ____Yes ____No

Indicate the term you will be working onsite at your internship and wish to receive credit by filling in the appropriate year:

Fall 20____ Spring 20____ Summer 20____

Are you receiving credit for this internship through another department?

____No ____Yes—where? (list department & course number)_____

Have you ever received ACCT 599 credit?

____No ____Yes—how many hours of credit did you receive?_____

About Your Internship (fill out as much as you can):

**EUSA or CAPA Study Abroad Students—in company name, put EUSA or CAPA and the location where you'll be (e.g., “EUSA—Dublin”) & leave the rest blank if you do not have that info yet.

Company Name: _____

Job Title: _____

City & State of Internship: _____

Supervisor Name: _____

Supervisor Phone: _____

Supervisor Email: _____

Number of weeks you will be at the internship: _____

Number of hours you will be working each week (approximate): _____

Total hours completed by end of internship (number of weeks x hours worked per week) _____

Internship start date (approx): _____ Internship end date (approx): _____

Credit hours requested:

_____ **1 credit hour**—requires **at least 100 hours** on the job spread over **at least 6 weeks**.

_____ **2 credit hours**—requires **at least 150 hours** on the job spread over **at least 6 weeks**.

_____ **3 credit hours**—requires **at least 200 hours** on the job spread over **at least 8 weeks**.

Please note:

- The coursework is the same regardless of credit hours, but the tuition and fees assessed will be greater with a greater number of hours.
- Students may elect any number of credit hours as long as they meet the minimum number of hours/weeks onsite for a given level. For example, a student completing a 200 hour internship over 8 weeks would be eligible for 3 credits but could elect to earn only 1 credit.

Required Documents: Students must turn in the following to the Business Career Services Center in 125 Summerfield:

1. this form
2. an up-to-date copy of your resume
3. a 1-2 paragraph, typed description of the internship duties and responsibilities or a copy of the job description
4. Deadlines for enrollment may apply—check with the BCSC for dates (785-864-5591).

If you are admitted into BUS 300, you will receive an email with instructions on how to enroll, usually within a week. If you are not admitted, you will be informed of your non-admittance as well. Specific questions can be directed to Alicia Green, Director of Internship Programs, at amgreen@ku.edu; please note, however, that a decision on acceptance cannot be made until all completed application materials have been received.

I certify that the information listed is correct to the best of my knowledge and I understand that my supervisor and/or company will be notified to provide part of my grade, as well as in the event that I drop this course. I also understand that admission into BUS 300 is conditional on the information provided above and any changes will require my admission to be reviewed for eligibility. I understand that knowingly providing false information may result in a charge of academic misconduct.

Student Signature

Date

To Be Completed by the Director of the Internship Program:

_____ Approved for up to _____ hours
Has opted to enroll for _____ hrs

Line No:

_____ Not Approved
Reason:

Permission No:

Director, Internship Program

Date