

Michael F. Price College of Business

University of Oklahoma

Application To Earn Credit For An Intern Experience (B AD 3700 Sec. 014)

Please Print All Information

Name: _____ Date: _____

Student ID #: _____ Class* _____ Major * _____ Overall G.P.A. * _____

I wish to apply for permission to earn academic credit in conjunction with an intern experience I will have at

(Name of company) _____

starting on or about, _____ 20__ and ending on or about _____ 20__.

My direct supervisor will be:

Name: _____

Title: _____

Address: _____

City/ST/Zip: _____

Phone: _____ FAX: _____

Email: _____

During the intern experience, I can be reached at (if you do not have this information or it changes, you can provide it after you begin the intern experience):

Address: _____

City/ST/Zip: _____

Phone: _____ FAX: _____

Email: _____

I can currently be reached at:

Address: _____

City/ST/Zip: _____

Phone: _____ FAX: _____

Email: _____

I certify that all information provided in connection with this application is, to the best of my knowledge, true and correct.

(Sign Here) _____

*Verified by _____ on _____.