

Application for Academic Credit - ACCT 4510 - Accounting Internship

Course Requirements: If any of the below are not met, permission to enroll in ACCT 4510 will be denied.

- Complete ACCT 3030 with a grade of C (2.0) or better
- Overall GPA at least 2.5
- Upper-division accounting GPA at least 2.5
- Internship accepted/secured
 - o Position must require significant accounting work and work with or for a professional accountant
- Must be able to clock at least 50 work hours by the end of the semester for each credit hour earned (up to 3 hours)
- Must be declared accounting major

Name: _____ **E-mail:** _____

Student ID number: _____ **Phone:** _____

Declared accounting major? _____ **Expected graduation date:** _____

Accounting courses completed or enrolled, and grade received:

Intro I	2010		Adv Fin	4010	
Intro II	2020		Analytics	4020	
Tax	3020		Adv Tax	4040	
Inter Fin I	3030		Adv Managerial	4060	
Inter Fin II	3040		Government/Nonprofit	4070	
Inter Managerial	3050		Auditing	4080	
AIS	3080		Adv Auditing	4090	

Cumulative GPA:

All UNO courses: _____

All UNO upper-division accounting courses: _____

When would you like to register for internship credit?

Circle one: SPRING

SUMMER

FALL

Year: _____

How many credit hours would you be eligible for?

Estimate the number of hours clocked by the end of the semester in which you are applying for credit.

1 credit hour = at least 50 work hours _____

2 credit hours = at least 100 work hours _____

3 credit hours = at least 150 work hours _____

TURN OVER

Position for which academic credit is sought:

Name of company: _____

Title of current position: _____

Length of time: With company _____ In this position _____

Immediate Supervisor:

Name: _____ Title: _____

Phone Number: _____ E-mail Address: _____

Please attach a job description; your application will not be considered unless a job description is included!

I certify that the above statements are true. In addition, you have my consent to discuss my performance with representatives of the above-named company.

Signed: _____ Date: _____

Please Note: ACCT 4510 applications are processed monthly. Therefore, please expect a few weeks after you turn in your application before receiving a permission number. Your application will be processed with adequate time to enroll in ACCT 4510 for the semester you are requesting. If you need a permission number to enroll ACCT 4510 as soon as possible for a specific reason, please indicate the reason and the applicable enrollment deadline.