Name: ____________________________________________ Date: ______________
UNT Dallas ID#: ______________________ Email: _____________________________
Major: __________________________ Minor: ________________________________
Division: __________________ GPA: __________ Expected Graduation Date: ____________

In order to be eligible for credit, you must meet the following guidelines set by the University. These are minimum requirements set by all Divisions. It is the student’s responsibility to confirm the internship course prerequisites have been met.

Please initial to confirm you meet each of the following criteria:

1) I have at least a 2.70 UNT GPA.                         ________
2) I have completed 12 credit hours of 3XXX or 4XXX UNT courses*.                     ________
3) I have completed the prerequisites for the internship course.                      ________
   Please list prerequisites for your major: __________________________________________
   *
   *This information can be found in the UNT Catalog under the course description
4) I will be employed in a ______ paid or _____ nonpaid internship.                      ________
5) I will be working in a position that is directly related to my major.                                 ________
6) I am not seeking credit for past work or any position I’ve held for more than six months.        ________
7) I will be working in a new position or a position in which I have taken on significantly new responsibilities.                  ________
8) I will not be working in a private residence (unless approved by my department).             ________
9) My direct supervisor is not a family member.                         ________
10) My internship does not require me to invest in materials or create my own business opportunities or ventures.           ________

PLEASE NOTE: Your department is responsible for approving any exceptions to the Internship Guidelines and may require you to meet additional criteria above and beyond the above requirements. An internship may require security clearance and criminal background checks

Signature: ____________________________________________ Date: ______________

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