

Request for Accounting Internship Credit

Internship Eligibility

To enroll for academic accounting credit the Internship must be approved in advance by the Accounting Internship Coordinator, Dr. Gary Peters. Students interested in receiving Internship credit must fill out an Internship Application. Completed forms must be submitted to the Accounting Internship Coordinator prior to the start of classes of the semester the student wishes to receive credit (fall, spring, and/or summer). Accounting Internships are expected to be full-time for 6-8 weeks. For part-time internships students should consider utilizing WCOB Co-Op credits.

Applications should also provide the initial offer letter provided by the Internship Employer to the Student. A description of the internship, including the objectives, employment window, and expected hours should be provided. It is expected that the employing firm provides a significant accounting work experience with adequate training and supervision of the work performed by the student.

Student Information

Name: _____ ID Number: _____

Email Address: _____ Contact Phone: _____

Semester/Year of Internship: Spring _____ Fall _____ Summer _____

I am interested in Honors Thesis Credit: Yes _____ No _____

Please Indicate whether credits will be used for your BSBA or MACC Degree:

BSBA Degree: _____ MACC Degree: _____

If this is a Spring Internship, indicate if you would like to be enrolled in the Compressed Sections of:

ACCT 4673 Cost Accounting Yes _____ No _____ **and/or**

ACCT 4963 Audit Services Yes _____ No _____

Accounting Courses Completed and Grade Received (as of the start of the Internship):

_____ ACCT 3723 Int Accounting I

_____ ACCT3753 Int Accounting II

_____ ACCT 3743 Fundamentals of Taxation I

_____ ACCT 4023 Fundamentals of Tax II

_____ ACCT 4673 Product Cost Accounting

_____ ACCT 4963 Audit Services

(Note: if currently enrolled in one of the above courses, please list as TBD)

Expected Completion Date (Month/Year) of BSBA: _____ MACC: _____

Internship Information

Company Name: _____

Address: _____ City/State/Zip: _____

Supervisor's Name: _____ Phone: _____ Email: _____

Start Date: _____ End Date: _____ Hours Per Week: _____

Attach Offer Letter with Brief Internship Description

Student Agreement:

Please read the following and initial on the line next to each to confirm your understanding and agreement.

_____ **The following requirements must be met in order to be eligible for Internship Credit:**

- The Student has completed the business core, a minimum of 60 hours of courses, and a minimum of 12 hours of upper division accounting course work prior to the internship.
- Hold cumulative grade-point average of 2.75 or better
- Hold a grade-point average of 2.75 or better for their accounting coursework.

_____ **The Internship Course adheres to all U of A drop/add deadlines. This form must be submitted to the Accounting Internship Coordinator before the last day to add a class for the semester I wish to receive credit.**

_____ **I will be responsible for paying the tuition and fees associated with the course credit.**

_____ **I will complete the course assignments to the best of my ability and in a time manner. The assignments will be emailed to me by the second week of classes.**

_____ **Failure to complete the assignments could result in an "F."**

_____ **I will notify the accounting internship coordinator of any changes in my position, including job duties, supervisor, or location.**

_____ **I understand that for the course to be used for CPA Exam eligibility that I should retain all keep personal copies of my application, syllabus and assignments for my own files. Some states may request to see them when I apply to take the CPA exam. CPA Exam credit is at the discretion of the specific State Board of Accounting at which I apply.**

_____ ***I understand that in order to receive internship credit for my job, the job must be approved, then I will be registered in ACCT 535V or ACCT310V. I will submit completed assignments, including, pre-internship essay, periodic work reports, post-internship reflection report, and employer's evaluation.***

Student Signature

Date

**Return Completed Form to the Walton College Accounting Department
Dr. Gary Peters WCOB 401 Peters@uark.edu**