

# BADM 4950 Internship

Student Name: \_\_\_\_\_ GWID: \_\_\_\_\_

GW Email: \_\_\_\_\_@gwmail.gwu.edu FR SO JR SR

Degree BAccy BBA BS | Concentration/Major(s): \_\_\_\_\_

GWSB Advisor: \_\_\_\_\_ Spring Summer Fall Year: \_\_\_\_\_

## Special Notes

- Students do not receive academic credit for completing an internship.
- BADM 4950 Internship is documented on the student's transcript during the term of enrollment and internship.
- BADM 4950 Internship may only be taken as Pass / No Pass.
- Student must submit completed RTF with BADM 4950 CRN for the term of the internship.

## Internship Information

Company/Organization: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Title: \_\_\_\_\_ Supervisor Email: \_\_\_\_\_

## Briefly describe the nature of your internship and specific responsibilities:

Use a separate sheet if additional space is needed.

**International Students Only** - Do you require a letter of support for CPT?  Yes N/A (If yes, include job offer and personal statement)

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*In order to earn a Pass on for BADM 4950, your supervisor must submit the Supervisor Evaluation directly to the Undergraduate Advising Center at the conclusion of the internship by the due date below:*

**Fall Internship Supervisor Evaluation Due:** January 1 following completion of internship

**Spring Internship Supervisor Evaluation Due:** June 1 following completion of internship

**Summer Internship Supervisor Evaluation Due:** October 1 following completion of internship

Signing this form, you acknowledge that if you do not submit your Supervisor Evaluation by the deadline above you will earn a No Pass for BADM 4950.

# REGISTRATION TRANSACTION FORM CLASSIC

This form must be submitted to your academic advisor or program office for approval.

Semester	Year
<input type="checkbox"/> Fall	_____
<input type="checkbox"/> Spring	_____
<input type="checkbox"/> Summer	_____

GWid	LAST NAME	FIRST NAME	EMAIL ADDRESS

## ADD

CRN	SUBJECT	COURSE	SECTION	CREDITS	LEVEL	TITLE	GRADE MODE*	INSTRUCTOR SIGNATURE

## DROP or WITHDRAW (please circle one)

CRN	SUBJECT	COURSE NUMBER	SECTION	CREDITS	TITLE

TIME CONFLICT APPROVAL
<input type="checkbox"/> YES <input type="checkbox"/> NO

REPEAT COURSE FOR CREDIT
<input type="checkbox"/> YES <input type="checkbox"/> NO

**\*GRADE MODE OPTIONS:**  
 A= AUDIT  
 C= LETTER GRADE  
 P= PASS/NO PASS (undergraduates only)  
 R= CREDIT/NO CREDIT (graduates only)

STUDENT LEVEL
<input type="checkbox"/> UNDERGRADUATE <input type="checkbox"/> GRADUATE <input type="checkbox"/> OTHER _____

*I request the above action be performed.*

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Student Signature \_\_\_\_\_ Date \_\_\_\_\_

AUTHORIZED SCHOOL OFFICIAL USE ONLY
<input type="checkbox"/> Prior to start of the semester    OR    Effective Date: ____/____/____
Signature: _____ Today's Date: _____

**Note:** This form cannot be used to register for a class that has a waitlist. Students will be added to the waitlist and if offered a seat, must then register through GWeb.