



BADM 4950 – Business Internship Experience

GUIDELINES

- Internships give students the opportunity to apply their academic knowledge and gain practical understanding of the business world. This zero-credit option is a way for you to receive recognition for internship experience on your GW academic transcript.
- While students do not receive academic credit for completing an internship, the zero-credit option does allow the internship experience to be documented as part of the student’s undergraduate experience. Enrollment in BADM 4950 – Business Internship Experience **costs \$25** and will be charged to the student’s account.
- If the company needs documentation that GWSB values the internship experience, an advisor can write a letter with that information.
- Advising Center staff will submit paperwork to Registrar’s Office to have internship reflected on academic record.
- If you have any additional questions about the Business Internship Experience, please consult with a [GWSB Advisor](#).

BADM 4950 - 0 Credit
<ul style="list-style-type: none"> • Must be taken for P/NP. • Internship experience will be included on your transcript under the SEMESTER you participated in the internship. Use the Schedule of Classes for the semester you participate in the internship to find the correct CRN for BADM 4950. • Must work at least 6 hours per week at your internship site.

ALL FORMS ARE DUE PRIOR TO THE START OF THE INTERNSHIP
BADM 4950 - 0 Credit + Internship
Internship Registration Form <ul style="list-style-type: none"> • Completed by the student. • Return Business Internship Experience Registration Form to the Advising Center
Registration Transaction Form (ADD/DROP Form) <ul style="list-style-type: none"> • Completed by the student and the student’s advisor. • Return RTF to the GWSB Advising Center (Duquès Hall, Suite 456).
Internship Evaluation <ul style="list-style-type: none"> • Completed by the supervisor upon completion of the Internship • Return the Internship Supervisor Evaluation Form to The Advising Center (Duquès Hall, Suite 456) by the last day of classes for the semester.



BADM 4950 - Business Internship Experience Registration Form

This form must be submitted to the GWSB Advising Center **prior** to the start of the internship.

Student Name _____ **GWID** G
Last Name First Name

GW Email _____ **Phone** _____
@gmail.gwu.edu

GWSB Advisor _____ **Level:** FR SO JR SR

Degree BAAccy BBA BS **Concentration(s)/Major(s)** _____

Semester Fall Spring Summer **Year of Internship** _____

Internship Organization			
Division/Department			
Address			
Supervisor's Name			
Supervisor's Title			
Supervisor's Phone		Supervisor's Email	
Number of Hours/Week		Number of Days Each Week	
Start Date		End Date	

A Registration Transaction Form (Add/Drop Form) must be attached.

Refer to the Schedule of Classes for the CRN for BADM 4950. Be sure to reference the Semester in which you will participate in the internship.

I have attached a Registration Transaction Form to this document.

Student's Initials: _____

Briefly describe the nature of your internship and your specific responsibilities.

Attach a separate sheet if necessary; a formal job description is recommended.

**Student
Signature**

_____ **Date** _____
I understand I will be charged \$25.00 and I know the requirements of this Business Internship Experience.



BADM 4950 - Business Internship Experience Internship Supervisor Evaluation Form

This form must be completed by the student's supervisor and submitted to the Advising Center upon completion of the internship. Please evaluate the student's performance as an intern at your organization so we may award the student a "Pass" or "No Pass" grade for this experience. Additional comments may be provided on the back or in a separate letter. **Employers should e-mail the completed form to gwsbadv@gwu.edu or mail the form on company letterhead to: GWSB Advising Center, 2201 G St., NW, Duques Hall, Ste. 456, Washington, DC 20052. This form will not be accepted directly from students.**

Student Name _____ GWID G
Last Name First Name

GW Email _____
@gmail.gwu.edu

Semester Fall Spring Summer Year of Internship _____

Internship Organization			
Division/Department			
Address			
Supervisor's Name			
Supervisor's Title			
Supervisor's Phone		Supervisor's Email	
Number of Hours Completed		Average Number of Days Worked Each Week	
Start Date		End Date	

	Excellent	Above Average	Average	Below Average	N/A
Teamwork					
Initiative					
Interpersonal Skills					
Leadership Potential					
Professionalism					
Punctuality					
Quality of Work					
Research Ability					
Adaptability					
Verbal Communication					
Problem solving					
Work Ethic					
Writing Skills					

In my opinion, the student has successfully fulfilled the expectations of the internship experience. Yes No

Supervisor's Signature _____ Date _____

Thank you for providing this opportunity to our students! --GWSB Advising

