2016-2017 ACC 340 **Internship Application Form**

To be eligible to register for ACC 340 – Professional Practice, you must (1) have a bona fide accounting job, (2) meet the requirements listed on this form, and (3) complete this form in its entirety. Then, turn this form and the appropriate supporting materials in to Mrs. Elizabeth Killy (Internship Coordinator) by Friday, December 2, 2016, for a winter internship or by Friday, **April 14, 2017,** for a summer internship. You may not register for ACC 340 except through the Internship Coordinator. The Coordinator will notify you as to whether you have or have not been accepted for registration in ACC 340.

| Applying for: | ☐ zero credit | ☐ 1-hour workshop credit |
|--|---------------|--------------------------|
| Name (Last, First, Middle Initial) | | |
| Student ID # | | |
| Campus Address | | |
| E-mail Address and Campus Phone Number | | |
| Home Address | | |
| Home Phone Number | | |
| Address where you can be reached during internship | | |
| Phone Number during internship | | |

register for ACC 340 – Professional Practice. If you do not meet these requirements, you must provide the Coordinator with a letter explaining why you should be exempted.

| My registered major(s) is/are: | | |
|---|--|--|
| Total credit hours I will have earned at the end of this semester is: | | |

I will have completed the following accounting courses by the end of the semester before the internship:

| Course Number | Course Description | Credit Hours | Semester Taken | University Where Taken | Instructor (if taken at Miami) |
|------------------|-----------------------|-----------------|-------------------|---------------------------|-----------------------------------|
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3. Provide the following information about your internship employer.

| Company or Firm Name | |
|-------------------------------------|--|
| Complete Address | |
| Name of Employer Contact Person | |
| Phone Number of Contact Person | |
| Starting/Ending Dates of Internship | |
| Salary or Wage Rate for Internship | |

4. Attach a copy of the offer letter from your employer.

The letter should contain the following information needed by the Coordinator in order to assess whether the internship meets accountancy department standards: (1) a description of the nature of the work to be performed during the internship, (2) the duration of the internship, and (3) the manner in which you will be compensated.

5. Attach a copy of your acceptance letter to the employer.

Note: ACC 340 - zero credit only appears on the student's transcript (\$15 processing fee). ACC 340 workshop provides one hour of academic credit after payment of fees and completion of a reflection paper.

| Signed by the student: | Date: |
|---------------------------------------|-------|
| Signed by the Internship Coordinator: | Date: |

Completed form and supporting materials should be returned to Ms. Elizabeth Killy, 3072 FSB, or turned in to the department office (3094 FSB). Any questions should be directed to Ms. Killy at killyem@MiamiOH.edu.