



**CBA Graduate Programs
Experiential Learning and Work Authorization Form
(Relating to internships and Cooperative Education)**

Date: _____ ID# _____

First Name: _____ Last Name: _____

UA Email Address: _____

Country of Citizenship: _____

If you are not a US citizen, what is your visa status? _____

Program and Concentration: _____

First Semester Enrolled: _____

Have you completed all Gateway or Foundation courses for your degree? ___ No ___ Yes

Student Signature: _____

For Graduate Programs Staff Only

Is the student:	Yes	No
in good standing with a GPA ≥ 3.0 ? (GPA < 3.0 = ineligible)		
an international student who has completed the required two semesters of full-time enrollment = 30 weeks? (one semester for domestic students).		
an international student enrolled in the second semester of full-time enrollment? If yes, they may begin looking for opportunities for the next semester.		
eligible for an Internship?		
eligible for cooperative education?		

List the semester(s) of Internship Eligibility (actual enrollment will be limited to one semester per student). Coop enrollment is permitted for more than one semester. Internships are usually approved prior to Coops for international students.

Notes:

Advisor Signature: _____

Date: _____

Processing: SCAN to Nolij, Student and Internship Coordinator.