



**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 $\geq 3.0$ ? (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.