



Internship Course Application

Student Name: _____

Date of Application: _____

Applying to enter course starting in: Term _____ Year _____

Program: BS, MBA, or MAc _____ Major/Concentration: _____

Catalog number for the internship course to which you are applying: _____

(AC464, AC564, DB495, EC460, ENT445, FN460, IS464, MG445, MK445, MBA 676, etc.)

Overall GPA: _____

GPA in Pre-requisite courses: _____

(Refer to the UAB course catalog for the pre-requisites of the course to which you are applying)

Expected Graduation Date: _____

Student's Phone Number: _____ Email: _____

Return to the appropriate Internship Coordinator:

Eddie Nabors
Accounting
eonabors@uab.edu
CSB 333

Stephanie Yates
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CSB 337-C

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CSB 375

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Number of Credit Hours Completed: _____

Overall GPA: _____

GPA in Pre-requisite Courses: _____

Approved: _____

Date: _____

Disapproved: _____

Date: _____