CLEVELAND STATE UNIVERSITY
DEPARTMENT OF ACCOUNTING

ACT 490 – ACCOUNTING INTERNSHIP
ACT 690 – PROFESSIONAL ACCOUNTING INTERNSHIP

COURSE DESCRIPTION: This course provides students the opportunity to learn first-hand about various areas of accounting by working in public accounting, industry, healthcare organizations, governmental agencies, or for-profit or not-for profit organizations performing professional accounting duties. Permission to register must be obtained from the CSU Accounting Internship Coordinator prior to enrollment in the course. Please see: **Dr. Benjamin Hoffman**, Associate Professor and Internship Coordinator, Department of Accounting (BU 525), Monte Ahuja College of Business, Cleveland State University, 1860 East 18th Street., Cleveland, Ohio 44114, Phone: 216-687-4723, E-mail: b.w.hoffman14@csuohio.edu.

INTERNSHIP COURSE REQUIREMENTS

1. **SUCCESSFUL COMPLETION OF THE INTERNSHIP EXPERIENCE**
   This form must be completed and signed **before** you can be registered. The employer and student must complete attached evaluation form prior to the last day of the internship, and mail or email to your Internship Advisor.

2. **ACADEMIC ASSIGNMENTS**
   Please see the Course Syllabus for the required assignments and due dates.

PLEASE PRINT:

STUDENT INTERN:_____ ID#: _____

PHONE: _____ EMAIL: _____

SEMESTER: _____ # OF CREDIT HOURS: _____ COURSE (BUS/ACT 490): _____

EMPLOYER/FIRM: _____

STARTING DATE OF INTERNSHIP: _____

IMMEDIATE SUPERVISOR: _____

SUPERVISOR'S PHONE: _____ EMAIL: _____

IMMEDIATE SUPERVISOR: PLEASE CIRCLE YOUR ANSWER FOR THE FOLLOWING QUESTIONS—IF NECESSARY, PROVIDE ADDITIONAL INFORMATION OR COMMENTS:

Is this employment position for a minimum of 8 weeks in length or for 120 hours over a semester?	☐ Yes	☐ No
Is the intern supervised by an individual with a college degree or Senior Level experience in accounting or finance?	☐ Yes	☐ No
Would at least 75% of the intern's work be professional in nature?	☐ Yes	☐ No
Employer agrees to complete Intern's Evaluation Form for CSU.	☐ Yes	☐ No

Signature of Student: _____ Date: _____

Signature of Internship Coordinator: _____ Date: _____

Signature of Supervisor: _____ Date: _____