

THE UNIVERSITY OF MICHIGAN-DEARBORN

COLLEGE OF BUSINESS

GRADUATE DEGREE PROGRAMS

**Internship and Career Management Center
(ICMC)**



**285 Fairlane Center North
19000 Hubbard
Dearborn, MI 48126**

**ICMC: (313) 593-4996
Fax: (313) 982-9213**

Email: *umd-cob-icmc@umich.edu*

<http://umdearborn.edu/cob/life-cob/internship-career-management-center>

**THE UNIVERSITY OF MICHIGAN-DEARBORN
COLLEGE OF BUSINESS**

GRADUATE DEGREE PROGRAMS

REGISTRATION FOR INTERNSHIPS:

Students **should** register for the appropriate internship class, or with the ICMC, before starting work *and remain registered throughout the work period.*

- One credit hour of elective credit may be granted for a part time internship, 15 to 29 work hours per week. Three credit hours of elective credit may be granted for a full time internship, 30 plus work hours per week.

WHILE ON INTERNSHIP:

- The employer and the ICMC Staff will review each student's performance. It is the employer's prerogative to terminate the intern because of unsatisfactory performance.

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I have read the Student Internship Contract and agree to abide by it.

Signed: _____ Date: _____

Student ID Number: _____

Emergency Contact Name _____

Emergency Contact Phone Number: _____

***AUTHORIZATION FOR TRANSCRIPT RELEASE FROM UM - DEARBORN
REGISTRAR'S OFFICE***

I, (print name), the undersigned, do hereby authorize the University of Michigan - Dearborn, Registrar's Office to release the most current copy of my academic transcript to the University of Michigan - Dearborn, Internship and Career Management Center for the express purpose of internship employment. The information may be used for only the purpose for which it is furnished.

Signed: _____ Date: _____

Student ID Number: _____

The Office of the Registrar
The University of Michigan - Dearborn

AUTHORIZATION FOR DISCLOSURE OF ACADEMIC RECORDS

As a student participating in the Internship Program at the UM - Dearborn, College of Business, I recognize that industry, business, and government employers participating in the program have a valid interest in academic history and progress of specific internship candidates.

Therefore, I authorize the Director of the Internship and Career Management Center to furnish a reproduction of, or factual information about, my academic record of all prior college study to prospective participating employers as a part of the process of my placement in the Internship Program. Further, I authorize the Director to furnish a reproduction of, or factual information about, my UM - Dearborn academic record to the specific participating employer with whom I am affiliated as a co-op student employee.

This stated authorization remains effective during my graduate enrollment in the UM-Dearborn, College of Business.

Signed: _____ of thaaPi 72w961istory and prog -0Q Bj 24.096 0 Td 4ntAUTHO[(I)-2.3BDCperithe use
