

## Business 299 Course Enrollment Form

Please complete and then submit this form along with your **Internship Offer Letter** to:

Jeff Headtke  
1055 Business Instructional Facility (BIF), 515 East Gregory Drive, MC-520  
Fax: (217) 244-7969  
Gies College Office of Undergraduate Affairs  
University of Illinois at Urbana-Champaign  
Champaign, Illinois 61820

### **Student Information:**

Name \_\_\_\_\_

UIN \_\_\_\_\_

Major \_\_\_\_\_ Year in School \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### **Internship Information:**

Organization Name \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_

**Please attach a brief description of your Internship/Co-op.**

**By enrolling in the Business 299 course, I agree to the following (please initial):**

- \_\_\_\_\_ The BUS 299 course is required for CPT
- \_\_\_\_\_ The BUS 299 course is a condition of employment
- \_\_\_\_\_ Tuition and student fees are accessed for this course
- \_\_\_\_\_ Zero credits will be earned from this course
- \_\_\_\_\_ Successful completion of both your Internship/Co-op and BUS 299 course are required to earn zero credit

**The academic requirement of the course includes, but is not limited to:**

- 1) An Evaluation or Reflection Paper
- 2) A meeting and discussion regarding your Internship/Co-Op experiences with the BUS 299 instructor

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business 299 Instructor

\_\_\_\_\_  
Date

Office Use Only Approved _____ Denied _____
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