

# RMIN 4800 Job Confirmation Form

## **Internship Guidelines:**

In order to qualify for an internship, you must meet the following criteria:

- Be a Risk Management major with at least 60 earned hours prior to the term in which you will be working and enrolled for internship credit
- Have a minimum overall GPA of 2.5
- Have successfully completed RMIN 4000 with a grade of “C” or better

For an internship to qualify, it must provide:

- Relevant work experience in your area of study
- Compensation of at least \$8.00/hour
- At least 150 hours of work for 3 hours credit and at least 300 hours of work for 6 hours credit
- Employer evaluation

## **Internship Coursework Requirements** (due after completing your internship):

(For specific information on the internship requirements, please refer to the course syllabus and supporting documentation. The information provided below is for reference purposes only.)

- Photograph of you with your employer’s sign
- One page summary (emailed and hard copy)
- Journal of daily activities
- Paper analyzing your employer and your activities during your internship
- Supervisor evaluation–You will receive a survey during your internship to help facilitate this evaluation

**Please send completed form to David Eckles at ([deckles@uga.edu](mailto:deckles@uga.edu))**

# RMIN 4800 Job Confirmation Form

## Reset Form

### Student Information

- First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_
- UGA Email Address: \_\_\_\_\_
- UGA ID (81\_\_ #): \_\_\_\_\_
- Major/Program \_\_\_\_\_
- RMIN 4000 Grade \_\_\_\_\_
- Overall GPA: \_\_\_\_\_
- Credit Hours Earned: \_\_\_\_\_
- I have read the RMIN 4800 syllabus and understand the requirements of the course, including the appropriate due dates.      Yes      No

### Employer Information

- Company Name: \_\_\_\_\_
- Street Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- Contact Name: \_\_\_\_\_
- Email Address: \_\_\_\_\_

### Internship Information

- Semester of Internship \_\_\_\_\_
- Year of Internship: \_\_\_\_\_
- Internship Credit Hours Requested (3 or 6): \_\_\_\_\_
- Begin Date: \_\_\_\_\_ Year: \_\_\_\_\_
- End Date: \_\_\_\_\_ Year: \_\_\_\_\_
- Expected Weekly Work Hours: \_\_\_\_\_
- Expected Compensation: Dollars: \_\_\_\_\_ Per: \_\_\_\_\_
- I have verified that my employer will complete an evaluation:      Yes      No
- Internship Duties: Please list the job duties of the internship below. Be as specific as possible and use complete sentences. Do not use bulleted lists.