

Accounting Department
Jennings A. Jones College of Business
Internship Candidate Data Sheet



Candidate Name _____ Student ID _____

Home Address _____

Campus Address _____

Home Phone _____ Campus Phone _____

Home Email _____ Campus Email _____

Major _____ Minor(s) _____

Overall GPA _____ Major GPA _____ Hours completed _____

Semester Internship Desired _____

Please indicate the courses you will have completed prior to the internship semester:

____ Intermediate Actg I ____ Intermediate Actg II ____ Individual Tax ____ Gov/NP Acct.

____ Internal Auditing ____ External Auditing ____ Corporate Tax

Do you plan to obtain the 150 hours of credit to qualify for the CPA Exam? ____ Yes ____ No

Do you plan to pursue a Master of Accountancy degree? ____ Yes ____ No

Please list any foreign language courses you have completed (including high school):

Please list any computer software in which you have a basic competence:

Provide two faculty references (in the accounting department) at Middle Tennessee State University:

Name _____ Phone _____ Email _____

Name _____ Phone _____ Email _____

Candidate Name _____

Internship Information:

Firm _____

Supervisor Name _____

Phone _____

Email _____

Date Internship Starts _____

Date Internship Ends _____

Please list up to three campus and/or off-campus activities in which you have been involved during your time at Middle Tennessee State University. Indicate offices held and/or other leadership responsibilities.

1. _____

2. _____

3. _____

List up to three honors and/or awards received while at Middle Tennessee State University.

1. _____

2. _____

3. _____

Please place a check by the type(s) of accounting work in which you are interested for your internship:

Auditing _____ Government/Nonprofit Accounting _____ Cost/Managerial Accounting _____

Taxation/Tax Planning _____ Other (please specify) _____

Recent Work Experience:

1. Name/Address of Company _____

Name/Phone of Immediate Superior _____

Duties/Responsibilities _____

2. Name/Address of Company _____

Name/Phone of Immediate Superior _____

Duties/Responsibilities _____

Mail Form to:
Dr. Kim Honaker
Department of Accounting, MTSU Box 50
Murfreesboro, TN 37132