Work Authorization Form

Date: _______________________

To: _________________________________
From: Zeljko Sockovic, Accounting Internship Coordinator
Re: Internship Authorization

Mr. /Ms. __________________________________ is a student at Baruch College. The student attests that the student meets all the criteria below:

1. The student has completed at least 45 credits
2. The student is a Zicklin student and has declared Accounting as his/her major
3. The student has at least a 2.5 average
4. Successfully completed all prior internships

THE STUDENT MUST REGISTER FOR AN INTERNSHIP COURSE TO RECEIVE CREDIT

Student Signature: ________________________________

Internship Coordinator Signature: ________________________________

Zeljko Sockovic