



CMHT 4790.402 MDR Internship with Current Employer Application - Spring 2027

PLEASE INCLUDE YOUR RESUME WITH YOUR APPLICATION.

All items must be sent as PDF files. (No jpegs or screenshots please.)

Return completed application and materials to Marissa Zorola at marissa.zorola@unt.edu.

Students should begin the application process by submitting this Merchandising Internship Application and their résumé. Once the student portion is approved, the employer will receive the employer section of the application via email. Both student and employer approvals are required before the experience can be formally approved and a registration code provided. Please do not submit this application unless you intend to complete the experience for which you are applying. Once an application is approved, changes to the internship experience cannot be granted.

Spring 2027 Application Deadline: Monday, January 4, 2027

PART 1: Student Information

Name: _____
Last First

Email: _____ Student EUID (i.e., abc0123): _____

Major: _____ Minor/Concentration: _____

Expected Grad Date: _____ Academic Advisor's Name _____

How will your responsibilities or learning opportunities during this experience differ from your regular employment responsibilities?

What new skills, knowledge, or experience do you expect to gain through this experience that will support your future career?

PART 2: Application Pre-Requisite Checklist

Will you have completed the required prerequisites for your major by the start of the semester in which you plan to enroll in the internship course?

- ☐ **MDR majors:** 2790 Talent Development and 3510 Buying
- ☐ **DBUS majors:** 2790 Talent Development and 4370 Digital Retailing Analytics Tools and Insights
- ☐ **ICON majors:** 2790 Talent Development and ICON 4440 Consumer Analytics and Data Visualization

PART 3: Employer Information

Provide the following information about the employer. Using this information, the Internship Coordinator will email the employer portion of the MDR Internship Application directly to the employer. The employer will complete and return the application to the Internship Coordinator. Once both the student and employer portions have been received and approved, you will be provided with a registration code to register for the internship course.

Name of Company _____ Type of Business _____

Business Address _____ City/State/Zip _____

(Internships cannot be in an employer's/supervisor's private home.)

Company Contact Name and Title _____

(Supervisor cannot be related to intern, nor can the intern work in his/her family's business.)

Company Contact E-mail (must be a company email, no personal email accounts) _____

Your Current Title _____ Your Title After Promotion _____

How long have you worked for the employer? _____ When will the promotion go into effect? _____

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To meet the pre-requisites for the internship class, students must be a declared CMHT major and have completed MDSE 2790 with a "C" or better and completed one of the following analytical courses with a "C" or better: MDSE 3510, DBUS 4370, or ICON 4440. (Course numbers and names may be different based on student's specific degree plan year.)

If you require disability accommodation or have accessibility needs related to your internship, it is your responsibility to notify me so we can work together with your prospective employer to ensure the appropriate arrangements are made.

The Spring 2027 internship period will be from 1/11/27 to 4/30/27. Internship experiences and hours worked should coordinate within this timeframe as much as possible.