



Internship Application Form

Intern Name: _____ Student ID #: _____

Major: _____ Credits Completed: _____ Overall GPA: _____

Cell Phone: _____ May I text you? YES NO

E-mail Address: _____

Current Address: _____

Internship Employer (Company Name) _____

Start Date _____ End Date _____

Semester Applying: Fall / Spring / Summer Year: _____ Credit Hrs _____

Credit hours should be chosen with Adviser. International Students required to have 1-3 hours

Expectations and Goals for an Internship Experience: _____

I agree to:

1. Work a minimum of 100 clock hours for each semester credit with a maximum of three credits. It is recommended that the intern work a minimum of 15 hours per week.
2. Act in a professional manner, maintain confidentialities, be open to suggestions for improving my work, and comply with the rules, policies, and regulations of the employer.
3. Maintain records of employment, job duties, and hours.
4. Submit by the due date a written paper and employer evaluations as specified by the professor.

Signature: _____ Date: _____

Office use only*****

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|--|---|
| <input type="checkbox"/> BMKT 326 | <input type="checkbox"/> Build |
| <input type="checkbox"/> BUAD 201 | <input type="checkbox"/> Register |
| <input type="checkbox"/> FNCE 315 | <input type="checkbox"/> eClass confirmation |
| <input type="checkbox"/> MGNT 334 | <input type="checkbox"/> Paper |
| <input type="checkbox"/> Student Application | <input type="checkbox"/> Evaluation <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> Employer Information Form | <input type="checkbox"/> Scanned |
| <input type="checkbox"/> Job Description | <input type="checkbox"/> Filed |