INTERNSHIP APPLICATION

(Forms with missing information will not be processed)

<u>DO NOT write in pencil.</u> DO NOT write in pencil. <u>DO NOT write in pencil.</u>

A PINK "REQUEST FOR NON-CLASSROOM CREDIT" CARD MUST BE ATTACHED TO THIS APPLICATION

Student's Name			Student ID #
Major/Concentration			
Total Credits Earned	Cum QF	PA Majo	or QPA
# of Credits for this Internship _			
MGT 486 (Undergrad)		MGT 586 (G	Graduate Student)
Semester Year FA Requested Professor			
Internship Name			
Address:			
City		State	Zip
Telephone Number			_
2. Timeline (dates of internship, dates, etc.)		·	_
3. Culminating Activities (writter			
Agreement I have read and agree to carry o Management Internship Manua Student Signature	ut the responsibilition.	Ü	
			~~~
Professor Signature			Date

## BUSINESS MANAGEMENT DEPARTMENT INTERNSHIP SUMMARY OF CONTACT INFORMATION

Course Name:	Internship			
MGT 486 (Undergraduate)	Semester and Year:			
MGT 586 (Graduate)				
Field Experiences and Internship				
	Number of Credits:			
STUDENT INFORMATION:				
Name:	Student ID:			
Address:	Daytime Phone:			
	Cell Phone:			
City, State, Zip	Home Phone:			
ESU Email:	Best email contact:			
INTERNSHIP SITE / EMPLOYER INFORMATION:	:			
Organization Name:				
Company Address:				
City, State, Zip:				
Business Telephone:				
Supervisor Name and Title:				
Supervisor Business Telephone:				
Supervisor Email Address:				
Company Website:				
Internship Job Title:				
Start Date:	End Date:			
Work Schedule: Days/Hours:				
, · · <u></u>				
Name of Supervising Professor:				
Office Phone:				
Today's Date:				



## PRELIMINARY LETTER FOR BUSINESS MANAGEMENT INTERNS

Student Name	Today's Date			
Semester	Faculty Advisor Name			
Company or Organization	-			
This is a preliminary letter that prospective Business Man manager or immediate supervisor to complete. Once co Secretary in the Business Management Department at Es	mpleted, this letter will be given to the			
The purpose of this letter is to inform the Business Mana to hire the above student as an intern.	agement Department that the company intends			
The company understands that it will need to sign an aff University in order for the student to do his/her internsh signed within the past 5 years. The affiliation agreement authority and will be returned to ESU promptly. The agreeth the company representative and ESU's Provost. The internship cannot begin without a finalized affiliation.	ip, unless an affiliation agreement has been to will be signed by someone with signing reement will not be final until it is signed by e student and the internship site realize that on agreement in place.			
This portion is to be completed by the Int	ternship Business or Organization			
Please provide a brief description of the student's work responsibilities:				
The approximate number of hours per week the student	will work:			
Printed Name of Hiring Manager or Supervisor	Title			
Signature of Hiring Manager or Supervisor	Date			
Business Telephone Number	Business Email Address			