

EAST STROUDSBURG UNIVERSITY
 Business Management Department - Student Internship
 SUPERVISOR'S FINAL EVALUATION REPORT

Student Name	
Professor/Faculty Advisor Name	
Professor Email Address	

Please check the appropriate block for the qualities listed

	Excellent	Good	Fair	Poor
Attendance and punctuality during the internship/practicum				
Compatibility with agency staff				
Rapport with agency clients				
Acceptance of supervision and constructive criticism				
Ability to express ideas and observations clearly				
Initiative and creativity				
Ability to adapt to new social backgrounds				
Background knowledge pertinent to agency work				

Total Hours Performed	
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Please give a brief description of the nature, quantity and quality of the work performed by the student intern

Check the appropriate letter grade for the summary performance of the student intern.

	A = Superior		D = Below Average
	B = Above Average		E = Failure
	C = Average		

 Supervisor's Signature

Printed Name

Company Name

Date

Title

Telephone #

Please email to the faculty email address listed above or FAX to 570-422-3308. Include the Professor's Name.

INTERNSHIP APPLICATION

(Forms with missing information will not be processed)

Student's Name		Student ID #
Major/Concentration		
Total Credits Earned	Cum QPA	Major QPA
# of Credits for this Internship		

Check One

	MGT 486 (UG)			MGT 586 (Grad)	
Semester Year	FALL	SPRING	SUMMER	WINTER	

Requested Professor/Faculty Advisor	
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Name of Internship Site

1. Student Responsibilities and Internship Duties (Information to be learned, desired outcomes, etc.)

2. Timeline (dates of internship, conference dates with professor, guidelines to be followed, exit target dates, etc.)

3. Culminating Activities (written report, final production, demonstration, project, etc.)

Agreement Statement and Signature of Student and Professor

I have read and agree to carry out the responsibilities and regulations as outlined in the Business Management Internship Manual.

Student Signature	Date
Professor Signature	Date

**BUSINESS MANAGEMENT DEPARTMENT
INTERNSHIP SUMMARY OF CONTACT INFORMATION**

Course Name: <u>Field Experiences and Internship</u> MGT 486 (Undergraduate) MGT 586 (Graduate)	Internship Semester and Year: Number of Credits:
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STUDENT CONTACT INFORMATION:

Name:	Student ID:
Address:	Daytime Phone:
City, State, Zip	Cell 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:	
Name of Supervising Professor/Faculty Advisor	
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 Management interns will provide to their hiring manager or immediate supervisor to complete. Once completed, this letter will be included with the other Internship paperwork.

The purpose of this letter is to inform the Business Management Department that the company intends to hire the above student as an intern.

The company understands that it will need to sign an affiliation agreement with East Stroudsburg University in order for the student to do his/her internship, unless an affiliation agreement has been signed within the past 5 years. The affiliation agreement will be signed by someone with signing authority and will be returned to ESU promptly. The agreement will not be final until it is signed by both the company representative and ESU's Provost. **The student and the internship site realize that the internship cannot begin without a finalized affiliation agreement in place.**

This portion is to be completed by the Internship 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

Please see the eligible types of businesses on the other side

The internship site should:

- Be operational for at least one year (will be reviewed on case-by-case basis)
- Have a Federal or State Tax ID number
- Have an internet presence (Website, Facebook page, Yelp reviews, etc.)
- Have one of the following forms of organization: S Corp, C Corp, LLC, Partnership, Sole Proprietorship or 501C 3
- Have a business telephone number and email address
- Have a valid business address that can be verified