INSTRUCTIONS:
1. This form to be completed in FULL by the host agency. Please be as descriptive as possible.
2. The form may be returned by fax or mail to the Office of Career Opportunities / Internships at the above number/address.

HOST AGENCY INFORMATION

Today’s Date: ______________________

Company Name: ____________________________ URL Address: ___________________

Address: ___________________________________ Telephone: ______________________

___________________________________________ Fax: ____________________________

___________________________________________ E-mail:__________________________

Contact Person & Title: ___________________________________________________________

Site Supervisor: __________________________________________________________________

Can college staff visits be arranged?   YES___ NO___

PLEASE ATTACH A COMPANY DESCRIPTION/PROFILE FOR OUR OFFICE FILE

INTERNSHIP INFORMATION

Paid ___  Non-Paid ___  Application Deadline: _________________________

Desired Majors:
Accounting ____  Business Administration______  Finance____  Marketing _____
Economics _____  International Business_______  Hotel, Restaurant / Tourism _____

Minimum qualifications (i.e., GPA, coursework) : _____________________________

Semester Intern is Needed:          Summer ____ Fall ___ Winter ___ Spring ____ Open ___

Start Date:_______________________  Finish Date: __________________________

PAID INTERNSHIP

Hours/Week _______________________________  Pay/Stipend Amount: ____________

ACADEMIC INTERNSHIP

Number of Hours per week: ____ 4 hours/1 cr./60 hours total ____ 8 hours/2 cr./120 hours total
(Per 15-week semester)  ____ 12 hours/3 cr./180 hours total ____ 16 hours/4 cr./240 hours total
____ 20 hours/5 cr./300 hours total ____ 24 hours/6 cr./360 hours total

Position Description: Please continue description on reverse side.
Specific Skills Required: Please continue description on reverse side.

Form  B: To be completed by host agency. Used by our office to establish employer records.