

INTERNSHIP APPLICATION WITH SUPERVISING BUSINESS

Request for Approval of the Supervising Business

HUSC 4369 Internship

Department of Human Sciences

Student Name: _____ Semester for Request: _____

Supervising Business: _____

Business Description: _____

Business Supervisor Name: _____

Person who will complete your performance appraisal if different from the Business Supervisor Name above:

Title: _____ First Name: _____ Last Name: _____

Company Address: _____
Street/P.O. Box _____ City _____ State _____ Zip Code _____

Telephone number of person who hired student intern: _____

Telephone number of business supervisor: _____

E-mail address of business supervisor: _____

Work telephone number of student during internship: _____

Is this a paid internship: _____ Yes _____ No

If this is a paid internship, please indicate the compensation you are receiving for the internship, and state if this is hourly or other form of payment structure. \$

Networking Process: List all people, businesses, phone numbers, dates, and locations for those you contacted and visited while searching for the internship position. **Use additional page as needed.**

Date(s) Contacted: _____

.....Office Use.....

Approval Status: Granted Denied

Recommendations:

Signature of Internship Coordinator:

Agreement Issued Date: