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Brief Intern's Requirements:

≻ Submit	the Internship	Agreement to	faculty super	rvisor prior to	o the beginning	of the internship;
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- ➤ Register for ACC/ECO/FIN/MGT/MKT/SCL 496;
- ➤ Work a minimum of 112.5 hours during the semester to receive three credit hours;
- Schedule a conference with the faculty supervisor at the midpoint of the Internship;

➤ Submit logs, internship paper, and portfolio (if applicable) according to the internship guidelines.

TO BE COMPLETED BY INTERN

Student's Name:		
Student's J#:		
Student's Jagmail:		
Sponsoring Org/Company:		
Contact Person:		
Contact's Phone #:		
Contact Person's Email:		
Contact Person's Email:		
Dates of Internship	through	

1. General Goals for Internship (to be completed by student):

2. <u>Specific Objectives for Internship (to be completed by student):</u>

3. <u>Plan for Accomplishing Objectives (jointly completed by student and sponsor):</u>

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TO BE COMPLETED BY THE SUPERVISOR OF THE SPONSORING ORGANIZATION

Sponsor's Requirements:

> Provide an orientation of the industry, organization, and department (where applicable) to the student;

➤ Be available to the student intern for guidance and direction;

> Assign entry-level business assignments (no more than 20% of the internship should be clerical in nature);

 \succ Keep the Faculty Supervisor informed of any issues or concerns that arise during the course of the internship;

 \succ Complete mid-term and final evaluations. (The mid-term and final evaluation forms will be provided to you by the student)

Evaluative Criteria (Briefly describe how the intern will be evaluated.)

Student (signature)

Date

Supervisor at Sponsoring Organization (signature)

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Name	J Number	J Number			
Telephone	Jagmail				
Major	GPA (min 2	2.0)			
Semester for Internship	Class Rank	Junior Senior			
The internship (3 hour) credit is to	be used as (check one below	v):			
MGT 496MKT 496ACC 4	96ECO/FIN 496 SO	CL 496			
Faculty Supervisor					
Company/Organization Name:					
Company's website:					
Company Address:					
Supervisor/Contact Person					
Email	Tel:	Fax			
Internship Beginning Date	Ending Date				
Total Hours You Will Work					
Description of internship and objecti					

Approval:

Department Chair