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Brief Intern's Requirements:

- > Submit the Internship Agreement to faculty supervisor prior to the beginning of the internship;
- ➤ 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 COM	APL.	ETED	BY	INT	ERN	V
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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 Internshipthrough	
1. General Goals for Internship (to be completed by student):	
2. Specific Objectives for Internship (to be completed by student)	<u>:</u>

3. Plan for Accomplishing Objectives (jointly completed by student and sponsor):

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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);
- ➤ Keep the Faculty Supervisor informed of any issues or concerns that arise during the course of the internship;
- ➤ 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)	Date

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Name		J Numb	er				
Telephone		Jagmail					
Major		GPA (min 2.0)					
Semester for Internship		Class	Rank	Junior	Senior		
The internship (3 hour) credit	is to be us	sed as (check on	e below):				
MGT 496 MKT 496 AC	CC 496	_ECO/FIN 496_	SCL 4	96			
Faculty Supervisor							
Company/Organization Name: _							
Company's website:							
Company Address:							
Supervisor/Contact Person							
Email		_Tel:		_Fax			
Internship Beginning Date		Endi	ing Date _				
Total Hours You Will Work							
Description of internship and obj	jective(s)	for the student:					
Approval:							
Department Chair							