

**MANAGEMENT DEPARTMENT INTERNSHIP COURSE
MANAGEMENT 5880**

Date: _____

STUDENT INFORMATION

Student name: _____

“U” student ID#: _____

Mailing address: _____

E-mail address: _____

This will be our primary point of contact. So, your e-mail address should be one you check often.

Home or cell phone: _____ Work phone: _____

Major: _____ Graduation month/year: _____

EMPLOYMENT INFORMATION

Employer: _____

Employer's address: _____

Supervisor's name/title: _____

Supervisor's work phone: _____

Student's job title: _____

of hours worked per week: _____

Hourly wage/Salary/Stipend: _____

FOR COUNSELOR USE ONLY

Internship beginning date: _____ Ending date: _____

Semester/Year this internship will qualify for 3 credit hours: _____