

## **University of South Alabama / Mitchell College of Business Internship Application Page 1**

*TO BE COMPLETED BY INTERN*

Brief Intern's Requirements:

- Register for ACC/ECO/FIN/MGT/MKT 496;
- Submit Internship Agreement to faculty supervisor prior to the beginning of the internship;
- Work a minimum of 112.5 hours during the semester to receive three credit hours;
- Schedule conference with the faculty supervisor at the midpoint of the Internship;
- Submit logs, internship paper, and portfolio (if applicable) according to the internship guidelines.

Student's Name: \_\_\_\_\_

Student's Phone #: \_\_\_\_\_

Student's Email: \_\_\_\_\_

Sponsoring Org/Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact's Phone #: \_\_\_\_\_

Contact Person's Email: \_\_\_\_\_

Dates of Internship: \_\_\_\_\_ through \_\_\_\_\_

1. General Goals for Internship (to be completed by student):
  
  
  
  
  
  
  
  
  
  
2. Specific Objectives for Internship (to be completed by student):
  
  
  
  
  
  
  
  
  
  
3. Plan for Accomplishing Objectives (jointly completed by student and sponsor):

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**TO BE COMPLETED BY SUPERVISOR OF 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 evaluation form will be mailed to you; while the final evaluation comments should be provided on the sponsor's letterhead.)

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

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Student (signature)

Date

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Supervisor at Sponsoring Organization

Date

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Name \_\_\_\_\_ J Number \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Major \_\_\_\_\_ GPA (min 2.0) \_\_\_\_\_

Semester for Internship \_\_\_\_\_ Class Rank \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_

**The internship (3 hour) credit is to be used as (check one below):**

Internship Requirement \_\_\_\_\_ Business Elective \_\_\_\_\_ or Concentration Elective \_\_\_\_\_

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 objective(s) for the student:

Approval:

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Department Chair