



**Internship Program**  
School of Business and Economics  
Department of Economics and Finance  
Host Organization Internship Opportunity



Internship Title: \_\_\_\_\_

Internship Term: \_\_\_\_ Fall \_\_\_\_ Spring \_\_\_\_ Summer Year: \_\_\_\_\_

Agency/Organization \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

Contact: Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_-\_\_\_\_-\_\_\_\_ Fax \_\_\_\_-\_\_\_\_-\_\_\_\_ Email \_\_\_\_\_

Financial Arrangements: Unpaid \_\_\_\_ Stipend \_\_\_\_ Travel Reimbursement \_\_\_\_ Other \_\_\_\_

Please provide a brief description of the Internship Opportunity (Including any particular skills required/ preferred, expectations, skills the intern will learn, etc.):

Please feel free to provide any additional information regarding your agency/organization:

Email this completed form to Tracy Clifford, Internship Coordinator at [cliffordt@cofc.edu](mailto:cliffordt@cofc.edu) or fax it to her attention at (843)953-0828.