



# INTERNSHIP

School of Business and Economics  
Department of Management & Entrepreneurship  
APPLICATION



The following are components of the Internship Program Application Packet:

- > Completed Application Form
  - > Resume
  - > 2 Non-Faculty References
- > Printed Degree Audit
  - > 2 Faculty References
  - > List of Companies Interested In

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

Student ID: \_\_\_\_\_ Major: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Field of Interest for Internship: \_\_\_\_\_

Preferred Companies: \_\_\_\_\_

Faculty References: Obtain 2 signatures from SBE faculty members who are familiar with your work. Please note faculty references may be contacted for additional information regarding your qualifications.

Faculty (print): \_\_\_\_\_ Faculty (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Extension: \_\_\_\_\_ Date: \_\_\_\_\_ Extension: \_\_\_\_\_

Non-Faculty References: Letters of Reference are not required; however, please include phone numbers.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize the School of Business and Economics and the Department of Management and Entrepreneurship to share my resume with internship host agencies/organizations. Furthermore, I am aware the Internship Coordinator and/or Department Chair have the ability to contact the above references, both faculty and non-faculty, at their discretion for more information regarding my qualifications. If I miss the internship deadline or do not provide a complete packet, I am aware that the selection will then be based on a first-come first-serve basis.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\* Completed Applications should be returned to Molly Lipka in Beatty Center, Room 300. \*