



Schulich
School of Business
York University

iBBA Internship Form

SB/INTL 4100.030 (3.0 SSB Elective Credits)

Student Name: _____ **Year Level** _____

Student Number: _____ **Term & Year: Summer 2** _____

Course Leader: Prof. F. Zandi
Assoc. Program Director

1. Internship Location:

Company: _____

City/Country: _____

2. Internship Duration:

Start Date: _____ **End Date:** _____

Course Leader Signature:
(please attach course proposal)

Undergraduate Program Office:
(Assoc. Dir. or Program Advisors)

Philip Shea for Risk & Responsibility:
Assoc. Director, International Relations

Student Signature:

Date:

To register, please return the completed form to International Relations Office – SSB W263K
June 2008

Office use only

Coded _____ Copied _____ Date _____