INTERNSHIP SPONSOR LETTER OF APPLICATION

TO: Kim LaFevor, Dean College of Business Athens State University 300 North Beaty Street Athens, AL 35611

FROM:		
FROM: (Con ADDRESS:	mpany or Business Name)	
CITY:	STATE:	ZIP:
TELEPHONE:		
E-MAIL:		
INTERNSHIP POSITION:		
GPA REQUIREMENT (if applicable):		
MAJOR REQUIREMENT (if applicable	e):	
OTHER REQUIREMENTS (if any):		
DUTIES: (Please define what the intern	n will do and/or learn ir	ncluding specific tasks.)*
HOURS: (Please indicate the number of week)	f hours you feel the int	ernship will require each
INTERNSHIP SPONSOR:		
TITLE:	(print)	
SIGNATURE:		ATE: