



# School of Business Internship Approval Form

Bring this completed, signed form to the School of Business Coordinator of Career Services and Internships to register. You must attach a Learning Contract. (See School of Business Web site for Learning Contract Instructions.)

Student	
Name	
Address	
Email	
Telephone	
MaineStreet ID (7 Digit Number)	
Major	

Employer	
Firm Name	
Address	
Supervisor & Title	
Telephone	
Email	

Course Information	
Course Number	
Class Number	
Semester & Year	
Faculty Sponsor, Phone Number	

Internship/Position Information	
Is this a new work experience?	<input type="radio"/> Yes <input type="radio"/> No
Position Title	
Aprox. beginning and ending dates	<input type="text"/> to <input type="text"/>
Compensation (enter 0 or hourly amount)	<input type="text"/>

Credit and Grading: 3 credits pass/fail  
Hours Needed to Complete: 140 minimum

I. Description of the Work Experience

Employer Signature: \_\_\_\_\_ Date \_\_\_\_\_

II. Description of the Learning Experience

The student agrees to complete the work and learning activities specified in the attached learning contract and to inform the faculty sponsor of difficulties that might affect satisfactory completion of the experience. The student or faculty sponsor can negotiate, at any time, to modify this agreement.

Acceptance by Student: \_\_\_\_\_ Date \_\_\_\_\_

Approval by Faculty Sponsor: \_\_\_\_\_ Date \_\_\_\_\_

Approval by Academic Advisor or MBA Director: \_\_\_\_\_ Date \_\_\_\_\_

The Coordinator will make and distribute copies for the following: student's file, the faculty sponsor, and internship file.