BUS399: Internship in Business Employer Internship Agreement Form

The employer will need to complete all sections for you to apply for the internship program. Please make sure to turn in this application along with the Student Internship Agreement Form at time of enrollment.

Section I: Demographic Information	
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	Enter Information in this Column
Name of Student (Last, First, Middle Initial):	
Organization:	
Department/Division:	
Unit (if any):	
Program/Project:	
Internship Position Title:	
World Wide Web Address (if any):	
Name of Supervisor/Sponsor:	
Title of Supervisor/Sponsor:	
Address:	
City, State, Zip Code	
Phone:	
Fax:	
E-mail Address:	
Do you have access to the World Wide Web? (check one):	yesno

Section II: Internship Information

	Enter Information in this Column
Format of Internship (check one)	Fall Spring Summer
Reward Mechanism for student (check one):	 no credit and no stipend college credit but no stipend stipend but no college credit stipend and college credit
Please provide details regarding credit and/or stipend for interns:	
Transportation to/from internship site:	 on TCNJ Campus within walking distance of TCNJ on city bus line must have own car

List key words that describe the major functions of this internship.

Briefly describe the Organization/Program.

Describe how an intern fits into your organization. Provide historical context as appropriate. Indicate whether this is a new or ongoing internship placement.

Describe not only what the intern will do, but also what the intern will learn.

Describe the office environment, including dress expectations.

Describe the characteristics that you feel are important for an intern in your company; include character traits as well as skills, knowledge, and academic preparation.

Describe the orientation, training and supervision that you will provide the intern.

Describe a tentative work schedule that the intern will work.

Additional Information/Other Comments:

Student Intern

Employer Internship Supervisor

TCNJ Supervising Faculty

Contact Information:

Ms. Erica Kalinowski Coordinator of Student Services 114 Business Building School of Business The College of New Jersey P.O. Box 7718 Ewing, New Jersey 08628-0178 Phone: (609) 771-2882 Fax: (609) 637-5129 E-mail: ekalinow@tcnj.edu Date

Date

Date