



Internship Program
School of Business and Economics
Department of Management & Entrepreneurship
Host Organization Internship Opportunity



Internship Title: _____

Internship Term: ____ Fall ____ Spring ____ Summer Year: _____

Agency/Organization _____ Date ____/____/____

Address _____

City _____, State _____, Zip _____

Contact: Last Name _____ First _____ MI _____

Title _____

Phone ____-____-____ Fax ____-____-____ Email _____

Financial Arrangements: Unpaid ____ Stipend ____ Travel Reimbursement ____ Other ____

Please provide a brief description of the Internship Opportunity (Including any particular skills required/ preferred, expectations, skills the intern will learn, etc.):

Please feel free to provide any additional information regarding your agency/organization: