

Internship for iBACE Program

To be completed by the student and submitted to the student's academic advisor and the Dean of the William L. Ridgway College of Arts and Sciences, or the Dean of the College of Education and Health Sciences

Student Information:

Name: _____ Phone: _____

Major: _____ E-mail: _____@evansville.edu

Circle all iBACE coursework which you have completed: Acct 210 Mgt 377 Mkt 325

Classification: (please circle response) Freshman Sophomore Junior Senior

Internship Information:

Faculty supervisor and department _____

Internship Site (company or organization): _____

Location: _____

Major activity of company or organization: _____

Name of your Site Supervisor: _____

Site Supervisor's address: _____

Site Supervisor's phone and e-mail address: _____

Does the internship site require a certificate of insurance and/or contract from the University of Evansville? _____

If yes, to whom should the documents be sent? _____

List and describe the types of activities in which you will be involved (continue on back): _____

This internship will take place during: (circle one) Summer Fall Spring of _____ (year)

Hours of work per week: _____ What is the starting date for the internship? _____ End date? _____

What other courses (if any) will you be taking *at the same time* as the internship? _____

Credit hours requested (1-6): _____ (45-50 hours of work are expected for each hour of academic credit)

Semester and year when credit hours will be taken: _____

Student signature _____ Date _____

C: Student
Advisor