

SHIPPENSBURG UNIVERSITY
 John L. Grove College of Business
BUSINESS INTERNSHIP JOB DESCRIPTION

Name of Company: _____

Company Address: _____

Internet Address: _____

Contact Person and Title: _____ **Email Address:** _____

Telephone Number: _____ **FAX Number:** _____

Internship Position: _____

Internship Date (Semester/Year): _____ **Full-time and/or Part-time:** _____

Approx. Salary/ Hourly Rate: _____ **Working Hours:** _____

Internship Responsibilities (should be directly related to student's major): _____

For which major(s) are you looking? Accounting Finance MIS Info Tech for Business Education
 Management Marketing Supply Chain Management HR Management International Management Entrepreneurship

(Please attach additional pages if necessary)

PLEASE RETURN THIS FORM TO:
 Business Internship Program
 Grove Hall 324
 Shippensburg University
 1871 Old Main Drive
 Shippensburg, PA 17257-2299

Telephone number: (717) 477-1140
 FAX number: (717) 477-4132

EMAIL: BIP@SHIP.EDU

FOR UNIVERSITY USE ONLY	Signature	Date	Approved	Disapproved
Department Chairperson:	_____	/ /	_____	_____
Assistant Dean:	_____	/ /	_____	_____