

ROWAN UNIVERSITY ROHRER COLLEGE OF BUSINESS

SUPERVISED INTERNSHIP PROGRAM

POSITION APPLICATION & APPROVAL

Accounting Finance Management MIS Marketing SC&L
ACC 03300 FIN 04330 MGT 06361 MIS 02344 MKT 09411 SCL 01410

Semester: Fall 20___ Spring 20___ Summer 20___

Student Name: _____ Rowan ID: _____

Local Address: _____ Telephone: _____
 _____ E-Mail: _____

Major: _____ Credit Hours Completed: _____

STUDENT

Required Documents:
 Current Resume
 Detailed Job Description

Title of Internship Position: _____ Compensation: _____

Planned Dates of Internship: _____ Planned Hours per Week: _____

Organization Name: _____ Number of Employees: _____

Organization Address: _____

Immediate Supervisor: _____ Title: _____

Telephone: _____ E-mail: _____

I have discussed and understand the duties required of the internship as identified in the job description.

Student Signature: _____ **Date:** _____

I have discussed with the above named student the requirements of his/her internship with us, and I approve of his/her participation in the Supervised Internship Program.

Signature of Company Representative: _____ **Date:** _____

Signature of Faculty Supervisor: _____ **Date:** _____

SUPERVISOR