



WAYNE STATE UNIVERSITY
MIKE ILITCH
SCHOOL OF BUSINESS

APPLICATION FOR UNDERGRADUATE INTERNSHIP FOR CREDIT

ACC 5890 FIN 5890 GSC 5890 ISM 5890 MGT 5790 MKT 5890

Application must be processed prior to start of semester in which the internship begins.

Student Information

Name

Student PID

Current Address

Current Telephone Number

E-Mail Address

Term

Year

Current GPA

Work Product Due Date

I have read and understand the requirements, responsibilities, and grading for the for-credit internship course.

Signature _____ Date _____

Sponsor Organization Information

Name

Address

Telephone Number

Duration of Internship

Start Date

End Date

Hours per Week

Attach a copy of your offer / employment letter or description of the nature of the assignment, specific responsibilities, list of duties, etc.

Authorized Sponsor / Mentor Information

Name:

Title:

Telephone Number

E-Mail Address

I agree to provide feedback as a mentor/sponsor to Wayne State University and to submit a written evaluation of this student's performance no later than: _____.

Signature _____ Date _____

Department Chair Information

*I have reviewed and approve this application for an internship for **3 CREDIT HOURS** and I agree to evaluate and grade the student's performance as either satisfactory (S) or unsatisfactory (U).*

Signature _____ Date _____