



Goldey-Beacom College

Internship Application Form

PERSONAL INFORMATION (To be completed by student)

Name _____ Student ID# _____

Address _____

City _____ State _____ Zip Code _____

Phone (____) _____

Email _____

INTERNSHIP APPLICATION MUST BE ACCOMPANIED BY

- Current Resume
- Job description *(on company letterhead with employer signature for verification)*
- Internship Employer and Student Agreement Form

What do you hope to achieve from this position?

COMPANY INFORMATION (To be completed by employer)

Name of Company where internship will occur? _____

Company Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Name of Supervisor _____ Signature of Supervisor _____

Supervisor's Title _____

Supervisor Email _____

Position/title of job/internship _____

Duties and responsibilities (please attach on separate paper on Company letterhead)

ACADEMIC INFORMATION (To be completed by Academic Advisor)

Student degree: B.S. _____ A.S. _____ Concentration _____

Current GPA _____ Total # of completed credit hours _____

Number of remaining electives _____

Has the student been at GBC for 1 full academic year? Yes No

COURSE NUMBER CODES	
3 Credits Undergrad	1 Credit Undergrad
<input type="checkbox"/> ACC 456	<input type="checkbox"/> ACC 297
<input type="checkbox"/> ACC 457	<input type="checkbox"/> CIS 297
<input type="checkbox"/> CIS 456	<input type="checkbox"/> FIN 297
<input type="checkbox"/> CIS 457	<input type="checkbox"/> MGT 297
<input type="checkbox"/> FIN 456	<input type="checkbox"/> MKT 297
<input type="checkbox"/> FIN 457	<input type="checkbox"/> MGT 456
	<input type="checkbox"/> MGT 457

SEMESTER/SESSION INTERNSHIP SHOULD APPEAR ON SCHEDULE

Year	Course #	Credits	Session	Year	Course #	Credits	Session	Year	Course #	Credits	Session
			Fall - 16 wk				Spring - 16 wk				Summer - 16 wk
			Fall Session I				Spring Session I				Summer Session I
			Fall Session II				Spring Session II				Summer Session II

ACADEMIC APPROVAL

Signature/ Approval of Career Services _____ Date _____

APPROVED DENIED

Final Approval Chief Academic Officer _____ Date _____

Comments _____

CONFIRMATION

For office use only (Make copy for student's folder, send original to Career Services)

Internship entered in Jenzebar/EX Date _____

Academic Advisor signature _____

MODIFICATIONS (To be completed by Academic Advisor)

For Office Use only (Send copy to Career Services)

The student has:

- Dropped the internship Effective Date _____
- Changed # of credits
- Changed semesters on taking internship
- Other

Please give explanation of update:
