

Alcorn State University
School of Business Internship
Application



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STUDENT INTERNSHIP APPLICATION

Course Number: _____

Number of Credit Hours for this Internship: ____

Are you an International Student? Yes: ☐ or No: ☐ (Check applicable)

If so, please provide CPT papers with this application.

Student Name: _____

ID# _____ Class: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (Local) _____ (Cell/Other) _____

_____ Major: _____ Minor: _____

_____ Overall Alcorn State GPA ____ Name of Supervising

Faculty: _____

Name of Company/Organization: _____

_____ Address: _____

_____ Name of Company Internship Supervisor: _____

_____ Phone #: _____ Email Address: _____

_____ Date of Internship Experience: From: ____

_____ To: _____

This internship is a/an (please circle one choice):

Business Administration Internship

Accountancy Internship

Graduate Business Internship

Give this page to

Undergrad: Ms. Angela Wynn, awynn@alcorn.edu

Grad: Mrs. Deautral Davis, dddavis@alcorn.edu



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BUSINESS INTERNSHIP APPROVAL FORM

Student's Name (Print) _____ No. of Credit Hours _____

I agree to register for the required hours and perform duties of this internship as outlined in the course syllabus and in conjunction with my faculty advisor. I also agree to bring the Job Supervisor Internship evaluation form back to my Faculty Supervisor.

Student Signature _____ Date: _____

I agree to supervise this student in the internship experience that is described in this application. I also agree to complete the Job Supervisor Internship Evaluation form at the end of the internship and hand it back to the student.

Job Supervisor Signature _____ Date: _____

I have discussed with the student and have determined the requirements with the company organization in order for the student to receive academic credit. I agree to act as supervisor for this internship. I also agree to get the Job supervisor Evaluation form from the student and hand it to the Faculty Supervisor (Internship Coordinator). I have reviewed this Internship paperwork, and it has been approved.

Faculty Supervisor Signature _____ Date: _____

The Alcorn State School of Business Internship program has been approved by the Dean of the School of Business.

_____ Date: _____

Antwon D. Woods, Ph.D.
Dean, School of Business

Give this page to
Undergrad: Ms. Angela Wynn, awynn@alcorn.edu
Grad: Mrs. Deautral Davis, dddavis@alcorn.edu

