ALCORN STATE UNIVERSITY

School of Business

Internship Application

SCHOOL OF BUSINESS

Alcorn
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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):

Accountancy, Finance, Entrepreneurship

Business, Marketing, **OR** Supply Chain

Give this page to
Ms. Angela Wynn, awynn@alcorn.edu
OR Mrs. Anita Norman, acnorman@alcorn.edu

1. Give a formal internship description: (What are the responsibilities, goals, etc.?)

2. Explain how specific knowledge attained in the classroom will be applied on the job during the internship.

3. How does this internship relate to your major?

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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

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