Internship Request Form

WASHBURN UNIVERSITY | BRENNEMAN SCHOOL OF BUSINESS

Name: _____
Last Name First Name MI Any Other Name On Record

WIN #: _____ Phone #: _____

Local Address: _____
Street Address City State Zip Code

Permanent Address: _____
Street Address City State Zip Code

Major: _____ Cumulative GPA: _____

Hours Completed in Program: _____

It is my intention to apply for an internship (select one and provide the year):

☐ Spring ☐ Summer ☐ Fall Year: _____

My internship will be in one of the following (select one):

☐ AC 499 (Accounting) ☐ BU 499 (Business) ☐ EC 499 (Economics)

I intend to register for a total of _____ credit hours that semester.

If you know of a company that is interested in having you as their intern, complete this section:

Company Name: _____ Company Location: _____
City, State

Your Contact Person: _____ Phone: _____

An internship provides a student the opportunity for work experience with an employer under professional supervision. The work experience must create a new learning experience for the student. Credit hours may only be used as free elective hours, not as AC/BU/EC upper-division hours. The student's grade will be awarded on a pass-fail basis, as determined by the supervising faculty member.

Student Signature: _____ Date: _____

Supervising Faculty Member Signature: _____ Date: _____

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