

Application to be an Accounting Intern

Department of Accounting

Name: _____ . Date: _____

Address: _____ .

Phone number: _____ .

Student ID No. _____ .

E-mail address: _____ .

Number of college credits completed as of this date: _____ .

Number of accounting hours (AC prefix) completed as of this date: _____ . List the courses completed:

Date you would prefer to begin your internship: _____ .

I am planning the following strategy to obtain the 150 hours (circle): MBA at SEMO MBA somewhere else Double major Just accumulating the hours any way I can I am not planning to get 150 hours Other strategy: _____ .

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