

# INTERNSHIP INFORMATION SHEET

## Southeast Missouri State University MBA Program

PLEASE TYPE

Student's Name \_\_\_\_\_

Company Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Number Street

City State Zip

Job Description \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rate of Pay \_\_\_\_\_ Major \_\_\_\_\_

GPA Requirement \_\_\_\_\_ Academic Credit Hours \_\_\_\_\_

Internship Dates \_\_\_\_\_

Return to the MBA Director when Internship has been confirmed with employer.  
This sheet should be completed and returned whether the Internship is performed  
**for experience or for academic credit.**