## INTERNSHIP INFORMATION SHEET

## Southeast Missouri State University MBA Program

Company Name Contact Person Phone () Address Number Street  City State Zip  Job Description  Rate of Pay Major				
Contact Person	PLEASE TYPE			
Contact Person	Student's Name			
Phone ()  Address	Company Name			
Address    Number   Street	Contact Person			
City State Zip  Job Description  Rate of Pay Major  GPA Requirement Academic Credit Hours	Phone ()			
Job Description	Address	Street		
Rate of Pay Major GPA Requirement Academic Credit Hours	City	State	Zip	
Rate of Pay Major GPA Requirement Academic Credit Hours	Job Description			
Rate of Pay Major GPA Requirement Academic Credit Hours				
Rate of Pay Major Academic Credit Hours				
GPA Requirement Academic Credit Hours				
Internship Dates	•			
	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.**