

APPLICATION FOR BUSINESS 490—BUSINESS INTERNSHIP

Name:			ID#		
	(Last, First M	Middle)			
Permanent Hon	ne Address:				
		(\$	Street Addres	SS)	
(City	State	Zip)			Campus P.O. Box
Chowan E-Mail:			Phone:		
Degree: B.S.	in Business Administra	ation 🗌	B.A. in	Business	
Concentration:	Accounting [Info. Systems	; <u> </u>	E-Commerce	e 🗌
	Marketing \square	Management	: 🔲	None (if BA)	
Semester & yea	ar of internship(Fall/S	pring/Summer) 20_			
BUS 490, taking	g for: 3 credit hours	2 credit	hours 🗌	1 credit	t hour 🗌
State in which v	work will be performed:				
Company with v	vhich you will have inte	rnship:			
Contact/Superv	visor at company:				
Contact's Phone:		Contact's e-ma	Contact's e-mail:		
AttachAttach	s while performing intention a current resume, being son a brief explanation of how bly skills learned in your class	ure to describe all your p this position will help yo	orevious wo	rk experience.	ncentration area
Student's Signa	ature:			Date:	
Advisor's Signa	ture:		Date:		
Dean's Signatu	re:		Date:		
Registrar's Sign		Date:			

Updated 8/21/2021

7