



GEORGIA SOUTHWESTERN
SCHOOL OF BUSINESS
ADMINISTRATION

SCHOOL OF BUSINESS ADMINISTRATION
INTERNSHIP

Student Name

Student ID

Email Address

Classification

Major

Cell Phone

Day time Phone

Job Title

Supervisor Name

Title

Phone

Email

Employer

Employer Address

Street Address

City

State

Zip

Beginning Date

Ending Date

Semester of

Enrollment

Year

Interns and employers are expected to fulfill the following responsibilities. Print and sign the form indicating your acceptance and commitment.

Employers

- 1) Provide meaningful internship experiences for students.
- 2) Provide direction and a supportive learning and working environment for interns.
- 3) Maintain open communication with the intern and internship coordinator.
- 4) Submit evaluation forms at mid term on _____ and at end of the semester (term) on _____
Evaluation forms should be submitted to the Office of the Dean of the School of Business Administration:

Dr. Robert Bennett School of Business Administration
800 Georgia Southwestern State University Drive
Americus, GA 31709
Phone: (229)931-2725
Email: Robert.bennett@gsw.edu

- 5) Discuss duties and responsibilities with the intern and submit a signed this agreement at the beginning of the term (no later than the first week of the semester or the term).

Intern Responsibilities

- 1) Professionally and confidentially perform duties defined by the Employer as reflected in the position description.
- 2) Work 15-20 hours/week throughout the semester or summer in the Employer (at least 120 hours are required for completion of the internship).
- 3) Be dependable, reliable and honest.
- 4) Be prompt.
- 5) Display a positive and enthusiastic attitude about internship activities.
- 6) If desired by the Employer, provide well researched recommendations for organization enhancement.
- 7) Prepare a **final report** in accordance with the format. This report must be submitted by the first day of final examination period. The intern must also submit their **self-evaluation form with their final report**.
- 8) **Supervisor evaluation** is **your responsibility**. The evaluation must be turned prior to **mid-term** and one week prior to the end of the semester (term) or the beginning of the **final** examination period.
- 9) Complete and submit the **Self-evaluation form** by the end of the semester (term).

Please explain the duties and responsibilities for this position. You may attach a job description if necessary.

Describe the learning and experimental outcome to be derived by the student intern.

Student Name: _____ **Date :** _____
Please Print

Student Signature: _____

Employer Name (Supervisor): _____ **Date:** _____
Please Print

Employer (Supervisor) Signature: _____

Director of the MBA Program Signature: _____ **Date:** _____

Dean of the School of Business Signature: _____ **Date:** _____