TO: Kim LaFevor, Dean
College of Business
Athens State University
300 North Beaty Street
Athens, AL  35611

FROM: ________________________________________________________________
(Company or Business Name)

ADDRESS: _____________________________________________________________

CITY: _______________________________  STATE: ________  ZIP: ____________

TELEPHONE: __________________________________________________________

E-MAIL: _______________________________________________________________

INTERNSHIP POSITION: _________________________________________________

GPA REQUIREMENT (if applicable): _______________________________________

MAJOR REQUIREMENT (if applicable): ____________________________________

OTHER REQUIREMENTS (if any): _________________________________________

DUTIES: (Please define what the intern will do and/or learn including specific tasks.)*

HOURS: (Please indicate the number of hours you feel the internship will require each week)

INTERNSHIP SPONSOR: _________________________________________________
(print)

TITLE: ________________________________________________________________

SIGNATURE: ___________________________________  DATE: ________________