

HOFSTRA UNIVERSITY
FRANK G. ZARB SCHOOL OF BUSINESS
DEPARTMENT OF MARKETING AND INTERNATIONAL BUSINESS

INTERNSHIP SPONSORSHIP FORM

STUDENT/EMPLOYEE'S NAME: _____ STUDENT ID# 701- _____
COURSE: _____ # of credit(s) _____ E-Mail: _____
SEMESTER: _____ PREFERRED INTERNSHIP ADVISOR _____
NAME OF COMPANY: _____
ADDRESS OF COMPANY: _____
NAME OF INTERN'S IMMEDIATE SUPERVISOR: _____
TITLE/POSITION: _____
PHONE NUMBER: _____
NAME OF DEPARTMENT MANAGER OR DIRECTOR: _____
DURATION OF THE INTERNSHIP: _____ TO: _____
TOTAL NUMBER OF HOURS PER WEEK: _____
COMPENSATION PER HOURS: \$ _____ Non Compensated

PLEASE LIST SPECIFIC INTERN ACTIVITIES:

1. _____
2. _____
3. _____
4. _____
5. _____

ADDRESS WHERE INTERN WILL WORK (IF DIFFERENT FROM ABOVE)

DOES THE INTERNSHIP REQUIRE TRAVEL? YES NO

DOES THE INTERNSHIP ENTAIL FORMAL IN-COMPANY TRAINING?

YES NO

IF YES, SPECIFY DURATION AND NATURE OF TRAINING: _____

NAME AND POSITION OF PERSON GIVING TRAINING: _____

DOES THE INTERNSHIP REQUIRE THE STUDENT TO PREPARE WRITTEN REPORTS?

YES NO

PLEASE LIST A FEW OF THE BENEFITS OF THIS PROGRAM TO THE INTERN?

1. _____
2. _____
3. _____

PLEASE LIST A FEW OF THE BENEFITS OF THIS PROGRAM TO YOUR COMPANY?

1. _____
2. _____
3. _____

SIGNATURE OF PERSON COMPLETING THIS FORM

DATE

TITLE

IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CALL THE INTERNSHIP COORDINATOR AT THE DEPARTMENT OF MARKETING AND INTERNATIONAL BUSINESS AT (516) 463-5706 or 463-5519.

THANK YOU FOR YOUR TIME & COOPERATION. PLEASE RETURN THIS FORM TO:
DR. SONGPOL KULVIWAT
INTERNSHIP COORDINATOR
HOFSTRA UNIVERSITY
DEPARTMENT OF MARKETING AND INTERNATIONAL BUSINESS
213 BUSINESS SCHOOL BUILDING
HEMPSTEAD, NY 11549

E-MAIL: SONGPOL.KULVIWAT@HOFSTRA.EDU

FAX: (516) 463-7889

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