

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

INTERNSHIP SPONSORSHIP FORM

STUDENT/EMPLOYEE'S NAME: _____ STUDENT ID# 700- _____

E-Mail: _____

COURSE: _____

SEMESTER: _____

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 INTRENSHIP 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) 463-5519.

THANK YOU FOR YOUR TIME & COOPERATION. PLEASE RETURN THIS FORM TO:

DR. SONGPOL KULVIWAT
INTERNSHIP COORDINATOR
128 WELLER HALL
DEPARTMENT OF MARKETING AND INTERNATIONAL BUSINESS
HOFSTRA UNIVERSITY

HEMPSTEAD, NY 11549

E-MAIL: MKTSZK@HOFSTRA.EDU

FAX: (516) 463-4834