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 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) 463-5706 or 463-5519.

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

DR. SONGPOL KULVIWAT
INTERNSHIP COORDINATOR
DEPARTMENT OF MARKETING AND INTERNATIONAL BUSINESS
128 HOFSTRA UNIVERSITY
HEMPSTEAD, NY  11549
E-MAIL: MKTSZK@HOFSTRA.EDU
FAX: (516) 463-4834
http://www.hofstra.edu/academics/business/marketing/mkt_internships.cfm