



Frank G. Zarb School of Business

Department of Information Technology and Quantitative Methods

INTERNSHIP SPONSORSHIP FORM

Company Name: _____ Intern's Name _____

Address of Company: _____

Address Where Intern will Work (IF Different From Above)

Name of Intern's Immediate Supervisor: _____

Title/Position: _____ Phone Number: _____

Name of Department Manager or Director: _____

Duration of Internship: _____

Total number of Hours per Week: _____ Compensation per hour: \$ _____

List of Specific Intern Activities (*Please use attachments if more space or different format needed*):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Signature of Intern's Supervisor

Date