

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 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