

Faculty Advisor Assigned _____



**BUS AD & CABOT
050 Internship
Student Application**

Student Name: _____
Student ID: _____
Your Certificate/AA Major: _____

Student Cell Phone: _____

Student E-Mail Address: _____

Internship Information:

Company Name: _____ Dept.: _____

Supervisor's Name: _____ Telephone: _____

Supervisor's E-Mail: _____

How are you related to the employer? _____

I want to enroll in (please check one)

- BUSAD 050 - 1 unit = **60 work hours**
- BUSAD 050 - 2 units = **120 work hours**
- BUSAD 050 - 3 units = **180 work hours**

- CABOT 050 - 1 unit = **60 work hours**
- CABOT 050 - 2 units = **120 work hours**
- CABOT 050 - 3 units = **180 work hours**

Signature

Date

FOR FACULTY ADVISOR USE ONLY:

<input type="checkbox"/> Attended Orientation	<input type="checkbox"/> Site Visit
<input type="checkbox"/> Application	<input type="checkbox"/> Employer Evaluation
<input type="checkbox"/> Internship Agreement	<input type="checkbox"/> Time Sheet
<input type="checkbox"/> Learning Objectives	<input type="checkbox"/> Resume
<input type="checkbox"/> Confirmation Letter	<input type="checkbox"/> Employer Certificate