

COLLEGE OF WILLIAM & MARY
School of Business - Undergraduate Program

BUAD 492 Special Topics: Internship Project Agreement (1 credit only)

STUDENT INFORMATION

Student's Name: _____ Student ID Number (93 #): _____
First Semester in BBA Program (Semester, Year): _____ Expected Date of Graduation (Semester, Year): _____
Summer Phone: _____
Summer Address: _____
Local Phone: _____
Campus Mailing Address: _____
W&M E-Mail Address: _____

INDIVIDUAL PROGRAM OF STUDY

Business Major: _____ Double Major: _____
Business Concentration (mini-minor): _____ Minor: _____

INTERNSHIP INFORMATION

Name of Company: _____
Business Field/Industry: _____ Department/Division where you are working: _____
Company Website: _____
Office Address: _____
Your Office Phone: _____
Immediate/Internship Supervisor: _____
Supervisor's E-Mail Address: _____ Supervisor's Phone: _____

Is this a paid internship? Please circle: YES NO

Does your company require that you receive academic credit in order to work as their intern? YES NO

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Student's Name: _____

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Your Internship Responsibilities (please list):

Description/Requirements of Project (attach separate page if needed):

Please list proposed activities and expected time commitments below, including estimated hours required for each activity:

	<u>Print Name</u>	<u>Signature</u>	<u>Date</u>
STUDENT	_____	_____	_____
FACULTY ADVISOR	_____	_____	_____