COLLEGE OF BUSINESS AND COMPUTING
INTERNSHIP – COMPUTING

Student Name_____ Student ID_____

Email Address_____

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Major _____

Cell Phone_____ Day time Phone_____

Job Title _____

Supervisor Name_____ Title _____

Phone_____ Email Address_____

Employer_____

Employer Street Address _____

City _____ State_____ Zip_____

Beginning Date_____ Ending Date_____

Semester ofEnrollment _____ Year_____

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1. Provide meaningful internship experiences for students.
2. Provide direction and a supportive learning and working environment for interns.

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An AACSB Accredited School

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