



CAREER DEVELOPMENT CENTER

3126 Founders Hall
Campus Box 1620
Edwardsville, IL 62026

618-650-3708
618-650-3656 (fax)
www.siu.edu/careerdevelopmentcenter

School of Business Internship Form

Student Information:

Name _____
Last First Middle

Address _____
Street City State Zip

Phone (____) _____ SID# _____

Student's e-mail address: _____

By signing this form, you are giving the Career Development Center permission to share this information with your academic department.

Employer Information:

Company Name _____

Address _____
Street City State Zip

Business Phone (____) _____ Fax Number (____) _____

Employer's Supervisor's

E-mail address: _____ E-mail address: _____

Supervisor's Name & Title _____

Student's Job Title _____

Beginning Date: _____ Internship Total Hrs. Worked: _____ Ending Date: _____
(60 or more hours required)

Paid _____ Unpaid _____ Hourly Salary: \$ _____ Stipend: \$ _____

Student's Signature Date Employer's Signature Date

CDC Internship Coordinator's Signature Date