



Expect the extraordinary!

SUNY BROCKPORT

Department of Business Administration and Economics

Company/Organization Internship Sponsor

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COMPANY WEBSITE: _____

SUPERVISOR'S NAME: _____ PHONE: _____

SUPERVISOR'S TITLE: _____

E-MAIL: _____ FAX: _____

NAME OF PARTICIPATING STUDENT: _____

1) Please provide your industry and services provided:

2) Approximately how many employees does your company have (all locations)? _____

3) In what department will the intern work? _____

4) How many employees does the department have? _____

5) From which academic major(s) are you interested in having an intern?

____ 1. Accounting

____ 4. Management

____ 2. Finance

____ 5. Marketing

____ 3. International Business

____ 6. Pre-Law

6) Please list the major tasks that you anticipate the intern doing or attach a job description.

7) Please describe how the student will be supervised (how often you will meet, exposure to other areas of business and employees, etc.).

8) Have you had a student intern in the past? (circle) Yes No

Please contact Jeffrey Taylor, if you have any questions. Call (585) 395-5459, fax (585) 395-2542 or e-mail jdtaylor@brockport.edu

You will receive two letters during the academic semester and one phone call or visit. The purpose of our contact is to share Brockport's expectations, as well as to learn about your organization and how our student is performing during the internship.

Thank you for your interest in our Internship Program.

Return form to: Jeffrey Taylor, Director of Business Career Services
 Department of Business Administration and Economics
 The College at BROCKPORT, State University of New York
 350 New Campus Drive
 Brockport, NY 14420