



JONES COLLEGE OF BUSINESS

**Business Administration/Management/Entrepreneurship
Intern Program
Employer Data Form**

Company: _____

Internship Supervisor: _____ **Title:** _____

Address: _____
Street City State Zip

Phone: _____ **E-Mail:** _____ **Fax:** _____

Student's Name: _____

Internship Description: _____

Compensation _____

During the semester of the Internship I agree to:

- Provide the intern the opportunity to work a minimum of 225 hours
- Provide significant work that will enhance the intern's professional and educational development. Provide a safe, nurturing, and challenging work environment
- Provide adequate supervision of student intern
- Submit a general description of the internship position and indicate if the assignment is a paid or unpaid internship to the Internship Coordinator
- Communicate with the Internship Coordinator as requested
- Submit student's performance evaluation to Internship Coordinator by the due date.

Intern Supervisor's Signature: _____ **Date:** _____