



Internship Application and Approval Form

Directions: Students must mail, fax, e-mail, or hand-deliver the completed form, along with a resume, at the start of the semester in which the internship will take place.

Attention: Lisa Smith, Director
Experiential Learning and Career Engagement
Tennessee State University
College of Business
330 10th Avenue, North, Suite K434
Nashville, Tennessee 37203-3401
Phone: (615) 963-7237; Fax: (615) 963-7139; E-mail: lsmith11@tnstate.edu

Student Name: _____ "T" Number: _____

Semester & Year _____ Classification: _____ Major: _____

Please check the course for which academic credit is desired:

<input type="checkbox"/> ACCT 4800 – Accounting Internship	<input type="checkbox"/> BISI 4800 – Business Information Systems
<input type="checkbox"/> MGMT 4800 – Management Internship I	<input type="checkbox"/> MGMT 4810 – Management Internship II
<input type="checkbox"/> HSMG 4800 – Hospitality Management I	<input type="checkbox"/> HSMG 4810 – Hospitality Management II
<input type="checkbox"/> ECON 4910 – Economics Internship	<input type="checkbox"/> FINA 4910 – Finance Internship

E-mail Address: _____

Phone Number: _____

Internship Host Organization Information:

Please provide information about your internship host organization and attach the Internship Verification Form along with a duties and responsibilities statement.

Name: _____

Address: _____
City State Zip

Manager: _____ Title: _____

Phone: _____ E-Mail: _____

I, _____, agree to represent Tennessee State University's College of Business in an exemplary, professional manner and to guard all business information I am exposed to with the highest degree of confidentiality.

Intern Applicant

Date

Departmental Approval:

This internship has been approved for appropriateness to receive academic credit in the above indicated course.

Signature of Department Head

Printed Signature

Date