

MANAGEMENT INTERNSHIP APPLICATION FORM (MGT 498C)

INSTRUCTIONS: This application form must be submitted to the Management Department office after the necessary signatures have been obtained. You must also officially “add” MGT 498C in order to receive class credit.

MGT 498C, Ticket # _____ Semester _____

Student’s Name _____ CSUN ID No. _____

Address _____

Phone _____ Email: _____

Major/Option _____ Overall GPA _____ CSUN GPA _____ Total Units Completed _____

In which classes are you currently enrolled? (Write ticket number, course name, and number of units)

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Describe (1) the responsibilities your employer expects you to perform during your internship, (2) the final product you will deliver to your employer, and (3) how these responsibilities and product(s) meet the requirements for the Management Internship. _____

If you have any relatives in this organization, check here _____ then list their names/positions on the reverse.

Internship start date _____ Number of hours employed per week _____

Internship Organization _____

Address _____

Worksite Supervisor’s Name (please print) _____

Worksite Supervisor’s Signature _____ Date _____

Worksite Supervisor’s Phone _____ E-mail _____

- Basis for Evaluation:
1. Satisfactory completion of internship duties from employer’s perspective
 2. Satisfactory completion of all requirements for MGT 498C as specified in the current semester’s syllabus
 3. Other (specify) _____

Faculty Sponsor’s Signature _____ Date _____

Department Chair’s Signature _____ Date _____