



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:** \_\_\_\_\_