



Business Internship Information Form Adams State College

Please submit this form to the School of Business administration office during or prior to the first week of the semester to determine internship eligibility.

To be completed by student intern:

BUS _____ Credit Hours: _____ Semester: _____

Student ID: _____

Student Intern (Name): _____

Student Phone Number: _____

Student email address: _____

Student signature: _____

To be completed by department chair:

Number of Hours completed _____

Classification (must be a sophomore, junior or senior): _____

Is student on academic probation? _____

CRN: _____

This student meets the qualifications for the Business Internship:

Approved: _____

Department Chair, School of Business

Date: _____

Please submit to Internship Coordinator when complete. The Internship Coordinator will register the student for the course.