UMSL College of Business Administration
Employer Internship Interest Form

Business Name:
Address:
Contact Person:       Title:
Phone:        FAX:       E-mail:

Internship Description
Semester:        Year:                                     Number needed:
Description of Responsibilities

Hours/Work Schedule:
Begin Date:       End Date:
Salary:
Department:
Site Supervisor:

Requirements- if any
GPA :
Major:
Computer Skills

Other Skills

Application Process
☐ Applicants should mail resume to above address
☐ Applicants should e-mail resume to above address
☐ Other:

Fax the completed form to Peggy Gilbertson, CoBA Internship Coordinator, at 314-516-6420 or email it to pgilb@umsl.edu.

If you have any questions, contact Peggy Gilbertson at 314-516-6117.