

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.