EAST STROUDSBURG UNIVERSITY

Business Management Department - Student Internship SUPERVISOR'S FINAL EVALUATION REPORT

T					
Student Name					
Professor/Faculty Advisor Name					
Professor Email Address					
Please check the appropriate block for the qu	ualities list	:ed			
	Excelle	nt	Good	Fair	Poor
Attendance and punctuality during the internship/practicum					
Compatibility with agency staff					
Rapport with agency clients					
Acceptance of supervision and constructive criticism					
Ability to express ideas and observations clearly					
Initiative and creativity					
Ability to adapt to new social backgrounds					
Background knowledge pertinent to agency work					
Total Hours Performed					
Please give a brief description of the nature, intern	quantity a	ind quality	of the wo	ork performed k	by the student
Check the appropriate letter grade for the su	mmary pe	erformance	of the st	udent intern.	
A = Superior			D = Be	low Average	
B = Above Average			E = Fai	lure	
C = Average					
		Data			
Supervisor's Signature		Date			
Printed Name		Title			
Company Name			hone #		
Please email to the faculty email address listed al	hove or FA	=		nclude the Profes	sor's Name

INTERNSHIP APPLICATION

(Forms with missing information will not be processed)

Student's Name			Student ID #	
Major/Concentration	nn			
iviajor, concentratio	···			
Total Credits Earned	d C	um QPA	Major QPA	
# of Credits for this	Internship			
	T	Check C	One	1
	MGT 486 (UG)			MGT 586 (Grad)
Semester Year	FALL	SPRING	SUMMER	WINTER
Requested Professo	or/Faculty Adviso	r		
Name of Internship S	Site	l		
1. Student Responsi	ibilities and Inter	nship Duties (Info	ormation to be learned	I, desired outcomes, etc.)
2. Timeline (dates o dates, etc.)	of internship, con	ference dates wit	h professor, guideline	s to be followed, exit target
3. Culminating Activ	vities (written rep	oort, final product	tion, demonstration, p	roject, etc.)
	Agreement State	ement and Signat	ure of Student and Pr	ofessor
	e to carry out the	_	and regulations as outl	
Student Signature				Date
Professor Signature				Date

BUSINESS MANAGEMENT DEPARTMENT INTERNSHIP SUMMARY OF CONTACT INFORMATION

Course Name: Field Experiences and Internship	Internship Semester and Year:
MGT 486 (Undergraduate) MGT 586 (Graduate)	Number of Credits:
STUDENT CONTACT INFORMATION:	
Name:	Student ID:
Address:	Daytime Phone:
City, State, Zip	Cell Phone:
ESU Email:	Best email contact:
INTERNSHIP SITE / EMPLOYER INFORMATION:	
Organization Name:	
Company Address:	
City, State, Zip:	
Business Telephone:	
Supervisor Name and Title:	
Supervisor Business Telephone:	
Supervisor Email Address:	
Company Website:	
Internship Job Title:	
Start Date:	End Date:
Start Bate.	Life Date.
Work Schedule: Days/Hours:	
Name of Supervising Professor/Faculty Advisor	
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Office Phone:	
Today's Date:	



PRELIMINARY LETTER FOR BUSINESS MANAGEMENT INTERNS

Student Name	Today's Date
Semester	Faculty Advisor Name
Company or Organization	

This is a preliminary letter that prospective Business Management interns will provide to their hiring manager or immediate supervisor to complete. Once completed, this letter will be included with the other Internship paperwork.

The purpose of this letter is to inform the Business Management Department that the company intends to hire the above student as an intern.

The company understands that it will need to sign an affiliation agreement with East Stroudsburg University in order for the student to do his/her internship, unless an affiliation agreement has been signed within the past 5 years. The affiliation agreement will be signed by someone with signing authority and will be returned to ESU promptly. The agreement will not be final until it is signed by both the company representative and ESU's Provost. The student and the internship site realize that the internship cannot begin without a finalized affiliation agreement in place.

This portion is to be completed by the Internship Business or Organization

Please provide a brief description of the student's work responsibilities:

The state of the s		
The approximate number of hours per week the stude	nt will work:	
Printed Name of Hiring Manager or Supervisor	Title	
Signature of Hiring Manager or Supervisor	Date	
Business Telephone Number	Business Email Address	

Please see the eligible types of businesses on the other side

The internship site should:

- Be operational for at least one year (will be reviewed on case-by-case basis)
- Have a Federal or State Tax ID number
- Have an internet presence (Website, Facebook page, Yelp reviews, etc.)
- Have one of the following forms of organization: S Corp, C Corp, LLC, Partnership, Sole Proprietorship or 501C 3
- Have a business telephone number and email address
- Have a valid business address that can be verified