

Faculty Approval for Business Internship

Internship applicants should fill out their name and faculty name only. The rest of the form will be completed by Ms. Pearson.

Student Name: _____ Major: _____

Faculty: _____ Signature: _____

_____ I recommend the applicant for the internship program.

_____ I do not recommend the application.

_____ I recommend the application for the internship program with reservation.

You may comment here:

Faculty: _____ Signature: _____

_____ I recommend the applicant for the internship program.

_____ I do not recommend the application.

_____ I recommend the application for the internship program with reservation.

You may comment here:

Faculty: _____ Signature: _____

_____ I recommend the applicant for the internship program.

_____ I do not recommend the application.

_____ I recommend the application for the internship program with reservation.

You may comment here:

Approval of Dean, Dr. Robin Sronce: _____

_____ I waive my right to see this recommendation from the faculty.

_____ I do not waive my right to see this recommendation from the faculty.

Signed _____