

MBA Internship Approval Packet

**Student Eligibility**

* You must be current MBA student and in good academic standing (minimum 3.2 GPA).
* You must have already completed nine hours of graduate credit in program before starting the internship.
* You must get approval from COB Associate Dean of Graduate Programs and Assistant Director of Graduate Programs.

**Student Requirements**

* Students must work at least 200 hours to receive 3 hours of Graduate Internship credit for MGT 671. Additional hours may be required by the employer.
* Before starting the internship and getting registered for MGT 671 you will need to get the appropriate signatures on the approval form (page 2) as well as have the employer complete a job description (page 3).
* While working you will need to complete a daily work log outlining your duties.
* You will need to complete a mid-term report that will be submitted to the COB Associate Dean of Graduate Programs. There will also be a final report and presentation.
* You and the employer will complete an evaluation at the conclusion of the internship.

**Salary and Other Job Benefits**

* Salary and other job benefits are established through agreement between the student and employer.
* The student is not guaranteed a job on completion of the program and, if performance or other conditions merit it, the employer may at any time terminate the employment of the student. The student is expected to perform and follow policies and practices common to other employees of the employer.

**Marshall University College of Business and**

**Agency Agreement of Supervised**

**MBA Internship**

Agency Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Address:

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Agrees to Accept: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as an intern during the

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_semester for a total of \_\_\_\_\_\_(at least 200) contact hours beginning on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and ending on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The student will be under the direct agency supervision of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

who agrees to items on the attached Site Supervisor Form.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Site Supervisor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COB Associate Dean of Graduate Programs

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| This document must be completed in full and signed by all parties before the residency may begin. The employer must also submit a letter to outline responsibilities and expectations. |

Copies to: Agency Supervisor

COB Associate Dean Graduate Programs

Academic Advisor

**DESCRIPTION OF**

**MBA Internship**

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Goals and objectives of MBA Internship as well as a brief description of proposed Internship and project:**

Site Supervisor

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency/Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature/Date COB Associate Dean Graduate Programs/Date

**MBA Internship WORK LOG**

*This needs only one signature no matter how many total pages*

STUDENT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Duplicate as needed)

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| **DATE** | **CONTACT**  **HOURS** | **DUTIES PERFORMED** |
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|  | Total Hours |  |

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Student Signature Site Supervisor Signature