

Internship Job Description
Coastal Carolina University

Employer Information:

Company Name: _____
Address: _____
Telephone: _____ Fax: _____ Website: _____
Employer Contact: _____ Title: _____

Position Information:

Position Title: _____ Location: _____
Work Term: ___ Fall ___ Spring ___ Summer ___ Unpaid ___ Paid _____ (Compensation)
Work Hours: _____ (10-20 hrs/wk.) _____ (30-40 hrs/wk.) _____ (other) _____ # of openings
Starting Date: _____ Ending Date: _____ Schedule: _____
Site Supervisor _____ Phone _____ Email _____

Job Description (attach additional pages if needed): _____

Student Application Requirements: ___ Resume ___ Transcripts ___ Employer Application ___ Portfolio
_____ GPA Required _____ Preferred Majors

Signature of Employer: _____ Date: _____
Phone: _____ Email: _____

Students will receive academic credit at the completion of their internship based upon your assessment of their work performance and satisfactory completion of their academic assignments. Clear orientation, direction, and evaluation by the Employer Site Supervisor are critical to the Intern's success.

Mail, fax, or email completed form to:

Robert Bulsza, Internship Coordinator
Coastal Carolina University Career Services Center
PO Box 261954
Conway, SC 29528-6054
(843) 234-3450 Fax (843) 349-2718
rbulsza@coastal.edu

FOR CCU USE ONLY Date Received: _____
Academic Credit _____ Approve _____ Not Approved Course # _____ Major _____
Faculty Supervisor _____ Dept. _____ Phone _____ Email _____