Internship Job Description
Coastal Carolina University

Employer Information:

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

Position Information:

Position Title: _____ Work 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 ____ Portfolio ____
Employer Application ____ 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, Director of Internships and Service Learning
Coastal Carolina University Career Services Center
PO Box 261954, Conway, SC 29528
(843) 234-3450 Fax (843) 349-2718
rbulsza@coastal.edu

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