

SCHOOL OF BUSINESS
BGRD 50500 ACCOUNTING PRACTICUM APPLICATION

Directions: Complete this form, obtain supervisor signature, and attach job description and resume.

Name _____

ID# _____ Date: _____

Semester of Practicum Experience: Fall 20____ Spring 20____ Summer 20____

Local Address _____

Local/Cell Phone _____

Email address _____

Sponsoring Organization _____

Supervisor Name _____

Title _____

Phone _____ Email address _____

Address _____

Company Website _____

Organization Type: For Profit ____ Not For Profit ____ Government ____

Paid____ Non-Paid _____

REQUIRED SIGNATURES

1. I understand that being an intern is a serious responsibility, and that I will be representing the School of Business and Ithaca College, as well as myself. I have carefully considered my academic load and other commitments and am able and willing to devote the time and energy necessary to make my internship experience a successful one.

2. I understand my responsibility in reporting any harassment, sexual or otherwise to my faculty and organizational sponsor.

Intern Signature

Date

I have read the internship proposal and agree to act as the supervisor for the Ithaca College student taking this internship. ***Please note: If a signature cannot be obtained on this form, an email to the MBA Program Director from the field supervisor will suffice.***

Field Supervisor Signature

Date

Dean Signature

Date