**COB INTERNSHIP PROCESS (For Academic Credit)**

1. ***Determine Your Eligibility***:
	1. Enrolled in a College of Business program or minor.
	2. Concurrent enrollment for the internship term is limited to no more than 12 credit hours.
	3. Minimum GPA = 2.5 or higher for undergraduate students. Please note that many companies only consider applicants with GPA’s of 3.0 or higher.
2. ***Be Ready to Apply for an Internship* -** Contact the Office of Career Services to have a cover letter and resume reviewed (<http://www.govst.edu/career> 708-235-3974).
3. ***Arrange an internship with an employer***. Internships are arranged between the student and the employer. Although some employers may hold campus interviews, students must schedule other internship interviews between the student and employer. The internship must allow for a minimum of 120 work hours in order to receive 3 hours of academic credit.
4. ***Complete the internship application form*** including making arrangements with the internship site supervisor to sign off and provide a description of internship duties.
5. ***Make arrangements with a GSU College of Business faculty member*** to serve as faculty supervisor.
6. ***Attach a typed statement of your learning objectives and goals***.
7. ***Submit Application to your academic advisor by the appropriate due date***. Applications received after the posted date may not be accepted
	* *Fall Internships- Submit Application by* ***August 1***
	* *Spring Internships- Submit Application by* ***December 1***
	* *Summer Internships- Submit Application by* ***April 1***

**COB INTERNSHIP APPLICATION**

This form is intended to document the internship position requirements and learning outcomes for students seeking to receive academic credit for an internship. It also serves as a contract between the student and faculty member.

To be completed by the student and approved/signed by both the sponsoring faculty member and the on-site supervisor of the internship site.

***Please fill in all areas completely and obtain the required signatures prior to submission.***

|  |
| --- |
| **To be completed by the Student** |
| Student ID# |  |
| Student Name |  |
| Student Full Address  |  |
| Phone# |  |
| Email  |  |
| Degree program & minor |  |

|  |  |
| --- | --- |
| Faculty Supervisor Name |  |
| Faculty Supervisor Email & Phone# |  |

|  |  |
| --- | --- |
| Internship Site Organization Name |  |
| Internship Site Organization Address |  |
| Internship Site Supervisor Name and Title |  |
| Internship Site Supervisor Email and Phone # |  |
| Internship Start date and term |  |
| Hours to work per week across how many weeks? |  |
| How many total hours will be completed across the duration of the internship? |  |
| Is it a paid or unpaid internship? |  |
| Please indicate pay/hour (if applicable) |  |

**POSITION DESCRIPTION**

Please attach a brief typed description of the proposed internship and duties on company letterhead

1. Company/Organization description: in brief, its line of business, product, service, annual revenue and number of employees etc.
2. Internship description including primary duties, responsibilities, and special projects you will be working on.
3. Benefits for the student: what skills you expect to gain or specific processes you will master?
4. Skills: what skills or knowledge are required?

***Signatures***

|  |  |
| --- | --- |
| ***Student Signature*** | *I agree to the terms of the internship, and I will be in regular contact with the faculty supervisor.*   |

|  |  |
| --- | --- |
| ***Internship Site Supervisor Signature and Date*** | *I have reviewed the attached internship work description. I agree that it accurately describes the internship work experience. I will contact the faculty supervisor to address any concerns that may arise.* |

|  |  |
| --- | --- |
| ***Faculty Supervisor Signature and Date*** | *I have reviewed the attached internship work description. I agree that it adequately supports the goals and objectives of the program.*  |

*Once the above sections have been completed and signed please submit to your advisor.*

|  |
| --- |
| **To be completed by Advisor and Division Chair:** |
| Degree/Program |  |
| Cumulative GPA |  |
| Expected Graduate Date |  |
| Hours Completed |  |
| Term Internship Desired |  |
| Total Credit Hours Planned for the Internship Term |  |
| Student is eligible for internship for academic credit (Yes or No) |  |
| Advisor Signature & Date |  |
| Division Chair Signature & Date |  |
| Course Section #  |  |

**College of Business**

Check List:

\_\_\_\_\_\_\_\_\_\_\_ Completed Internship Application and Site Information Document with all

 required signatures

\_\_\_\_\_\_\_\_\_\_\_ Position Description on company letterhead (#4)

\_\_\_\_\_\_\_\_\_\_\_ Statement of learning objectives and goals

\_\_\_\_\_\_\_\_\_\_\_ Resume reviewed by Career Services or COB Faculty Member

\_\_\_\_\_\_\_\_\_\_\_ Cover letter reviewed by Career Services or COB Faculty Member

\_\_\_\_\_\_\_\_\_\_\_ Eligibility confirmed by your Academic Advisor

**Undergraduate Business Advisors**

**Kerri O’Shea** (Undergraduate – Accounting M-Z, Business Administration A-L)
Email: koshea@govst.edu
Phone: 708-534-6980
Office Location: C3385

**Paula McMullen** (Undergraduate – Accounting A-L)
Email: plevickas@govst.edu
Phone: 708-235-2221
Office Location: C3398

**Ivan Soto** (Undergraduate – Business Administration M-Z, Business and Applied Science, Economics, and Manufacturing Management)
Email: isoto@govst.edu
Phone: 708-534-8045
Office Location: C3397

**Graduate Business Advisor**

**Jennifer Taylor** (MBA, MSA, MSHRM, MSMIS)Email: jtaylor@govst.edu
Phone: 708-534-4931
Office Location: G278 Office Hours: Monday: 10:30 am to 7:00 pm Tuesday - Friday: 8:30 am to 5:00 pm

Your Division Chair must also sign and approve your application packet.

Dr. David Green AFME Division Chair; Accounting, Finance, MIS, and Economics 708-534-4967 OFFICE G298 dgreen@govst.edu

Dr. Olu Ijose MME Division Chair; Management, Marketing, and Entrepreneurship 708-534-4932 OFFICE G297 oijose@govst.edu