

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, 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 # _____ Dept. _____
Faculty Supervisor _____ Phone _____ Email _____