



Employer Form for School of Business Internships

Intern Name _____

Employer Company: _____

Contact Person: _____ Title: _____

Address: _____

Street City State Zip: _____

E-mail: _____ Phone: _____

Internship Job Title _____

Company Location _____

Job Location _____ (indicate remote vs. in-person status)

Compensation _____

Job Period _____ (Fall, Spring, Summer)

Special Requirements _____ (language, computer skills, etc.)

***Please attach to this form an official job description that includes specific job duties and activities. I agree to: 1. Provide the intern and the professor with a complete, accurate description of the duties and responsibilities associated with the internship prior to employment. 2. Supply an evaluation of the student's performance at each 100 hours worked. The student will provide an evaluation form to you. 3. Inform the Internship Coordinator if the student fails to make himself/herself available to offer experiences or for failure to respect the policies of the employer.*

Supervisor's Signature: _____ Date: _____

Please return to:

Lezlee Walters,
Pathways Coordinator and Internship Coordinator
School of Business, Southern Adventist University
Box 370, Collegedale, TN 37315
Or Lezlee@southern.edu

If you have any questions or concerns, you may contact me directly at:
423-236-2526 or by email.