UMSL College of Business Administration
Employer Internship Interest Form

Business or Organization Name:

Address:

Contact Person: Phone:

Fax: E-mail: Website:

Internship Title

Number needed:

Description of Responsibilities

Begin Date: End Date:

Number of Hours/Work Schedule:

Salary:

Department:

On-Site Supervisor:

Requirements - if any

GPA:

Major:

Computer Skills

Other Skills

Application Process

☐ Applicants should mail resume to above address

☐ Applicants should e-mail resume to above address

☐ Other:

Email the completed form to Peggy Gilbertson, CoBA Internship Coordinator, pgilb@umsl.edu, or fax to 314-516-6420.

If you have any questions, contact Peggy Gilbertson at 314-516-6117.