

Student Name: _____

DESCRIPTION OF INTERNSHIP POSITION

To be completed by the company offering internship

1. Briefly describe the duties you expect the intern to perform.

2. How many hours per week, on average, will the intern spend on the job? _____

3. What is the starting date and the ending date for the internship?
_____ to _____.

4. What kind(s) of supervision will the intern receive?

5. Will the intern be compensated? _____ How much per hour \$ _____.00

6. You will be expected to provide a written evaluation on the intern's job performance (form provided).

Company Supervisor's Signature: _____

Name: _____

Title: _____

Organization: _____

Business Address: _____

_____ Zip: _____

Business Phone: (____) _____ Email Address _____

Please return to:

Jan J. Nelson (jnelson@ou.edu) on behalf of
Faculty Advisors / Internship Coordinators
Michael F. Price College of Business
Steed School of Accounting
University of Oklahoma
307 West Brooks, Room AH 200
Norman, Oklahoma 73019