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|---|------------------|
| Date | |
| STUDENT INFORMATION | |
| Name | Student ID # |
| Home Address | Telephone |
| College Address | Telephone |
| | Mail Box # |
| Major Concentration | Advisor |
| Overall GPA | Major Cumulative |
| Year of Graduation | |
| Enrollment Status (select one) | |
| <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/> Transfer Student | |
| Applying for (select one) | |
| <input type="checkbox"/> 6-credit Internship (18 hrs/week) <input type="checkbox"/> 12-credit Internship (36 hrs/week) | |
| During what semester/year? | |
| List all Business Administration Faculty with which you have taken courses | |

| | | |
|------------------------|---------------------|-------------------------|
| OFFICE USE ONLY | | |
| Résumé | Audit Sheet | Curriculum Check Sheet |
| Interview Date | Internship Approved | Internship Not Approved |
| Comments | | |

PLEASE RETURN TO THE BUSINESS ADMINISTRATION DEPARTMENT

Fitchburg State University ■ 160 Pearl Street ■ Fitchburg, MA 01420 ■ (978) 665-3378
