Management/Entrepreneurship Intern Program
Employer Data Form

Company______________________________________________________________________
Internship Supervisor_________________________________ Title_______________________
Address_______________________________________________________________________
______________________________________________________________________________
Phone______________________ Email_____________________________ Fax______________
Student’s Name_________________________________________________
Internship Description _______________________________________
Compensation __________________________________________________

During the Semester of Internship I agree to:

• Provide the student intern the opportunity to work a minimum of 225 hours
• Provide significant work that will enhance the intern’s professional and education
development Provide a safe, nurturing and challenging work environment
• Provide adequate supervision of student intern
• Submit a general description of the internship position and indicate if the assignment is a
paid or unpaid internship
• Communicate with Internship Coordinator as requested
• Submit student intern evaluations to Internship Coordinator by designated due dates

Intern Supervisor Signature_________________________________ Date _______________

Return to: Management/Entrepreneurship Intern Coordinator (Office BAS N222) Fax: 615-898-5308 or
P. O. Box 75 Department of Management Jennings A. Jones College of Business
Middle Tennessee State University Murfreesboro, Tennessee 37132
Phone: (615) 898-2785