

INTERNSHIP IN FINANCE
EMPLOYER INFORMATION FORM

This form is to be completed by the student's supervisor or human resources personnel in the host organization.

Employer/Internship Supervisor: Please return the completed form to the student for inclusion with the Learning Contract.

Student Name:
Last First MI

INTERNSHIP COMPANY DESCRIPTION:

Company/Organization:

Company Address (Street, City, State, Zip):

Internship Supervisor: Title:

Phone Number(s):

Email:

DESCRIPTION OF INTERNSHIP POSITION:

Please attach a detailed job description describing the position the intern will have within your organization. Please include: any specific skills needed, day-to-day activities, if the internship will be project or position based, expectations, and any other relevant information needed to understand the responsibilities of the position.

Start Date: Click or tap to enter a date.

End Date: Click or tap to enter a date.

Average Expected Number of Hours Per Week:

Signature of Internship Supervisor:

Note: Questions concerning your role as the sponsoring employer may be answered by contacting the faculty internship director, Dr. Emma Neuhauser, by phone at 717-361-4752 or via email: neuhausere@etown.edu.