

Entrepreneurship Intern Program Employer Data Sheet

Department of Business Communication and Entrepreneurship
Jennings A. Jones College of Business
Middle Tennessee State University

Company _____		
Internship Supervisor _____	Title _____	
Address _____		

Phone _____	Email _____	Fax _____

Internship Description _____

Compensation _____

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 educational 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

Signature _____ Date _____

Return to: Entrepreneurship Intern Coordinator (BAS N429)
Fax: 615-898-5438 or
P. O. Box 40
Department of Business Communication and Entrepreneurship
Jennings A. Jones College of Business
Middle Tennessee State University
Murfreesboro, Tennessee 37132
Phone: (615) 898-2902