



# INTERNSHIP APPLICATION EMPLOYER INTAKE FORM

## EMPLOYER / AGENCY

Employer/Agency Name \_\_\_\_\_

Address \_\_\_\_\_  
Mail Address (City) (State) (Zip)

Contact Person \_\_\_\_\_ Title: \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

## INTERNSHIP POSITION

Preferred Majors \_\_\_\_\_

Description of Internship \_\_\_\_\_

(Attach additional pages if needed)

Start & End Dates \_\_\_\_\_ TO \_\_\_\_\_  
MM DD YY MM DD YY

Hours Per Week \_\_\_\_\_ Hours Per Semester \_\_\_\_\_ Compensation \_\_\_\_\_

## INTERN SUPERVISOR

Supervisor Name \_\_\_\_\_ Title \_\_\_\_\_  
(First, Last)

Address \_\_\_\_\_  
Mail Address (City) (State) (Zip)

Phone (\_\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Supervisor Signature X \_\_\_\_\_ Date \_\_\_\_\_

### PLEASE SUBMIT THE COMPLETED FORM TO LANDER UNIVERSITY - INTERNSHIP COORDINATOR

By submitting this form, you as the employer agree to abide by all federal, state, and local policies, regulations, and requirements for necessary compliance, not limited to, but including the U.S. Department of Labor's Fair Labor Standards Act (FLSA). For more information see Fact Sheet #71 concerning Internship Programs.

### - INTERNAL USE ONLY -

#### INTERNSHIP COORDINATOR

**Amanda S. Morgan**  
Director of Career Services

Email To: AsMorgan@Lander.edu

Lander University  
Campus PO Box 6052  
Greenwood, SC 29646

#### STUDENT AFFAIRS

Received by \_\_\_\_\_  
Date \_\_\_\_\_

*Internship Coordinator to submit this form to the Vice President of Academic Affairs*

Submitted by \_\_\_\_\_  
Date \_\_\_\_\_

#### ACADEMIC AFFAIRS

Received by \_\_\_\_\_  
Date \_\_\_\_\_

- Arts & Humanities       Education
- Business & Public Affairs       EYE Program
- Science & Mathematics       Director

**Academic Credit:**  
 Approved       Denied

Signature \_\_\_\_\_  
Date \_\_\_\_\_

Please submit completed form to Internship Coordinator