

GSM 385
Internship Application
Entrepreneurship Minor

Name: _____

Address: _____

Phone: _____ E-mail address: _____

Year: _____ Overall GPA: _____ Minor GPA: _____

Semester for Internship: ___ Spring ___ Fall ___ Summer ___ Year

Are you currently a member of the ESA? ___ Yes ___ No

Courses completed in minor: _____

Briefly describe your business idea: _____

What would you like to gain from the internship experience? _____

List 3 companies with which you would like to intern.

1. Company name: _____

Address: _____

Phone number: _____ Fax number _____

Name of contact person: _____

2. Company name: _____

Address: _____

Phone number: _____ Fax number _____

Name of contact person: _____

3. Company name: _____

Address: _____

Phone number: _____ Fax number _____

Name of contact person: _____

****Note:** Please attach a copy of your resume and transcripts.