



Undergraduate Student Internship Application

BSAD 300 - Business Internship-Elective Credit

Student/Intern's Name	Student ID	Date		
Student/Intern's Phone #	Loyola E-mail Address			
Name of Organization Sponsoring Internship	Name & Title of Immediate Supervisor			
Internship Position/Title	Rate of Pay			
Start & End Dates	# Hours Working/Week	# Credit Hours Desired (1 – 3)		
Address of Organization	City	State	Zip	Telephone # of Organization

Academic Major(s) and/or Minor(s) in the School of Business:

Internship Semester:

Please attach a job description or write it here:

Please return this completed form via email or mail to:

ATTN: Aminatu Rubango

Loyola University Chicago • Schreiber Center, Room 119 • 16 E. Pearson St., Chicago, IL 60611

312-915-7907

nrubango@luc.edu