



QUINLAN
SCHOOL of BUSINESS

Graduate Student Internship Application

Student/Intern's Name

Student ID

Student/Intern's Phone #

Loyola E-mail Address

Rate of Pay

Hours Working/Week

Credit Hours (1 – 3)

Name of Organization Sponsoring Internship

Name/Title of Immediate Supervisor

Address of Organization

City

State

Zip

Telephone # of Organization

Current Academic Program (check all that apply):

___MBA

___MSA

___MSF

___MSHR

___MSIMC

___MSSCM

Internship Quarter: ___Fall

___Winter

___Spring

___Summer

Please attach confirmation letter (on the company's letterhead) along with the job description.

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