CBPA INTERNSHIP OFFICE (JB105) - STUDENT REPORTING FORM

TOP SECTION: STUDENT INFORMATION
Complete ALL sections and submit to CBPA Internship Office. (Please type or print clearly.)

Today's Date: _____ Student ID: _____ ☐ Male ☐ Female

Student's Name *Last:* _____ *First* _____ *Middle* _____

Address: _____

City, State Zip _____

Phone Number **area code** _____ Cell Number **area code** _____

E-mail: _____ Birthdate _____
month date year

Ethnicity: **This section is required**	Enter Ethnic Code here._____	
	1 White	5 Hispanic
	2 Black/African American	6 American Indian
	3 Native Hawaiian/Pacific Island	7 Asian (specify): _____
	4 Alaskan Native	8 Other Non-White: _____

Class Level: Check One
☐ 1 Undergraduate Student
☐ 2 Graduate Student

Approximate Graduation: Quarter _____ Year _____

BOTTOM SECTION: INTERNSHIP INFORMATION
(Please type or pint clearly.)

Business/Organ:
(Print/Type Complete Name) _____

Contact Person: _____ Phone# **area code** _____

Email: _____ Fax # **area code** _____

Website Address: _____

Street Address: _____

City, State & Zip Code _____

Internship Course to take: ☐ ACCT 575 ☐ FIN 575 ☐ INFO 575 ☐ SCM 575
☐ MGMT 575 ☐ MKTG 575 ☐ PA 575 ☐

Quarter to enroll: ☐ FALL ☐ WTR ☐ SPR ☐ SMR Year: _____

Indicate Start Date: _____ ☐ UNPAID ☐ PAID HRLY PAY: _____

Indicate Project Length: ☐ 3 MONTHS ☐ 6 MONTHS ☐ OTHER: _____

Business Type: To the best of your ability, check one.

☐ **Accounting Services**	☐ **Health Services**	☐ **Management**	☐ **Technology Services**
☐ **Automotive Aftermarket**	☐ **Human Resources**	☐ **Marketing/Advertising**	☐ **Transportation Services**
☐ **City/County/Govt Agency**	☐ **Insurance Services**	☐ **Real Estate/Mortgage**	☐ **Other:**
☐ **Entertainment**	☐ **International Business**	☐ **Retail Management**	☐ **Consulting**
☐ **Financial Services**	☐ **Manufacturer**	☐ **Supply Chain Mgmt/Distrib**	☐ **Business Mapping (GIS)**

NOTE: This does not constitute enrollment in a 575 course. You must still request to be enrolled in the 575 course by e-mailing your Faculty Internship Coordinator. Obtain copy of "How To Register Form....." in JB105. This will help verify later information rec'd. Thank you .