



Student Name: \_\_\_\_\_

Semester/Year: \_\_\_\_\_ Fall \_\_\_ Spring \_\_\_ Summer \_\_\_

(Separate packets needed for each semester/session)

Dept. of Business  
Administration

**Internship Package Cover Sheet**  
**BUS 390 – Internship in Business**  
**(To be completed by supervising faculty member)**

**PLEASE READ THE ATTACHED INTERNSHIP PROGRAM STUDENT INSTRUCTIONS**

All items listed below must be attached to your internship packet before submitting it to the Department of Business Administration – Room 233. Forms are located at <https://www.kutztown.edu/DBAInternships>

- \_\_\_\_\_ Internship Request form to be processed by Registrar
- \_\_\_\_\_ Student’s resume
- \_\_\_\_\_ Signed Employer Confirmation Form **must be completed electronically**
- \_\_\_\_\_ Printed job description either from KU Career Network or the employer
- \_\_\_\_\_ If the company/position is not listed on the pre-approved list, a Kutztown University Internship Agreement **must be completed electronically**
- \_\_\_\_\_ Student’s unofficial transcript (provided by internship faculty supervisor)
- \_\_\_\_\_ BUS 390: Internship Assessment Agreement form

**PLEASE DO NOT SUBMIT AN INTERNSHIP APPLICATION PACKAGE UNLESS ALL ITEMS LISTED ABOVE ARE COMPLETED, SIGNED & ATTACHED**

Will student have completed 60 credits by start of internship? \_\_\_\_\_ YES \_\_\_\_\_ NO

As of now, student has met all academic requirements.  
(2.0 GPA in the major and a 2.0 GPA overall; **completion of 21 credits in business**) \_\_\_\_\_ YES \_\_\_\_\_ NO

If student does not meet the above academic requirements, is the student currently enrolled in the appropriate course(s)? \_\_\_\_\_ YES \_\_\_\_\_ NO

Has the student had an employment relationship with the company where the internship placement is going to be? \_\_\_\_\_ YES \_\_\_\_\_ NO

***If YES, on a separate sheet describe how the job duties will be substantially different.***

I hereby certify that the required information is included and complete and agree to abide by the current internship policy document:

Faculty Supervisor Signature: \_\_\_\_\_ Date \_\_\_\_\_

Business Administration Department Chair Signature: \_\_\_\_\_ Date \_\_\_\_\_