Applications are due two weeks prior to the start of the semester. Should any components be missing, application will be rejected. International students working in the United States must seek CPT approval from the International Student Services Office prior to starting any work outside of the University (paid or unpaid.)

A. Student Information

Student Name _______________________  Student ID __________________________
Address ____________________________  Current Grade Point Average ____________
(SMinimum 3.0 or instructor approval or as a concentration requirement)
Suffolk Email _______________________  Mobile Number _______________________

B. Internship Information

Company Name ______________________  Contact Name: _______________________
Address ____________________________  Contact Phone: _______________________
___________________________________  Contact Email: ________________________
Internship Dates: _____________________
Job Title: ____________________________

Job Description:

C. Essay

Please include a 1-2 page paper identifying the following:

A) For all intents and purposes, interns become the face of the university for that company going forward. Why are you the right person to represent Suffolk University’s Entrepreneurship Program?

B) What is the entrepreneurial component/purpose of your internship? What opportunities will you have for opportunity recognition? How will you add value to the company? What do you hope to gain from the internship?

D. Program Evaluation

Please include a copy of your latest program evaluation in your application package.
E. Terms and Agreements:
By signing this application, you agree to the following terms:

1. **Timesheets:** I will provide supervisor-signed timesheets that provide evidence that I worked no less than 150 hours during the semester registered and within the official start and end date of each semester.

2. **Logs:** I will provide biweekly logs of work performed during my internship that relates to the functional areas of business. Each log will be no less than four pages (double-spaced with a 12 pt. font).

3. **Reflection Paper:** I will prepare a reflection paper at the end of the semester that summarizes my entrepreneurial experience based on information derived from my: a) academic experience; b) professional experience; and c) biweekly logs. The final reflection paper will be no less than six pages (double-spaced with a 12 pt. font).

4. **Grading:** I understand that I will receive a grade for ENT-521 that will be included in my GPA.

5. **Syllabus:** I understand that the syllabus defines expectations, assignments, due dates, assessment, academic integrity, and other pertinent information. I also understand that all course materials are included on Blackboard.

6. **Integrity:** I understand that all assignments for this internship are individual and prepared by me. Any collaboration on assignments or violation of the University’s academic integrity policy will result in an automatic failing grade.

7. **Verification:** I authorize faculty to contact my employer to verify my employment status, position, and hours worked during the prescribed semester.

8. **Credits:** I understand that this internship is for three credits and that only one ENT521 internship is allowed for credit. I understand this internship only qualifies for one three-credit course and will not double count toward any non-entrepreneurship major requirements.

9. **Registration:** Once my application is approved, I will register for ENT-521 and pay any required tuition.

**Student Acceptance:**

I ______________________________ agree to the terms included herein and request permission to register for ENT521 for the ____________ semester (include semester and year).

_________________________  ___________________  ____________
Student Signature  Student ID/Email  Date

**Faculty Approval:**

I ______________________________ approve the registration of the above student in the course described and agree to sponsor and direct this work.

_________________________  ___________________  ____________
Faculty Advisor Signature  Faculty Name Printed  Date