

South Arkansas Community College

Request For Internship Student

Date: _____

Company/Business/Employer Name: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail: _____

Contact Person/Title: _____

Internship Supervisor: _____

Type of Business/Products/Services:

Internship Student Job Title/Position:

Description (Please attach detailed description of the duties/tasks/ projects the students will be asked to participate in.)

Application Required: (Please indicate)

Resume

Reference Page

Transcript

Cover Letter

Background Check

Major(s) Applicable:

Minimum Qualifications:

Skills (Helpful but not required):

Work Day(s) Required:

Work Hours Required: (Per Week)

FT	PT	Flexible
Paid	Unpaid	

Salary/Wage: _____

Start Date: _____

Comments: