

Department of Finance

Internship Information Form

To be completed by the Intern's Supervisor

Information about the Internship

Name of Student: _____

Name of Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Person completing form: _____ Title: _____

Telephone: _____ Fax: _____ E-mail: _____

1. Briefly describe the internship work experience, including the nature of the various job assignments and the level of supervision:

2. Briefly describe the training programs provided by the employer for the student during the internship.

Note to the employer: In order for the student to obtain credit he/she must submit weekly updates, a final 30 page paper and a performance evaluation. The course instructor may contact you for updates on the student's work and progress. If you have any questions please email financeinterns@lsu.edu.