

Webster University Walker School of Business & Technology Internship for Academic Credit Application

To be completed by the student: Date: _____

Email: _____ Student ID Number: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Major/Emphasis: _____ Check one: Undergraduate Graduate

Semester/Term: _____ Desired Number of Credits: _____

How many hours do you anticipate working? Sixty (60) on-the-job hours are required for each credit hour.

How does this internship relate to your major course of study and your long-term career goals? Please list at least three items and be specific and descriptive. "Gain business experience" is not an acceptable answer. Attach additional pages if necessary.

Please submit application to the appropriate contact:

Business Department

Dr. Elizabeth Risik

314-246-7162

elizabethrisik37@webster.edu

Management Department

Dr. Dustin Smith

314-246-4259

dustinsmith64@webster.edu

Math & Computer Science Dept.

Dr. Martha Smith

314-246-7678

smithma@webster.edu

To be completed by the Department Internship Director: Check:

Approved Not Approved

Internship Advisor: _____

Course Number: _____ Course Title: _____

Term: _____ Number of Credits: _____