School of Business Administration

**INTERNSHIP PLACEMENT FORM**

**Student-Intern Information:**

Name:…………………………………….................Student ID#:…………………………….

Home Address:…………………………………….....................................................................

......................................................................................................................................................

Phone (Home):…………………………...................School:…………………………………..

Email Address:………………………………………………………………………………….

Internship Semester:………………………… Expected Graduation Date: ……….………..…

Completed/Enrolled in Market/Entreprise Course? YES NO

Concentration: …………………….Minor:…………………………….....Overall GPA:……..

Internship Coordinator:….……………………………………………………………………...

**Placement Information:**

Employer (Company Name): ………………………………………………………………….. Supervisor Name: ……………………………………………………………………………....

Supervisor Phone: ………………………………………………………………………………

Email: ……………………………………….. Fax: …………………………………………...

Intern’s Job Duties: ……………………………………………………………….....................

…………………………………………………………………………………………………..

…………………………………………………………………………………………………..

Start Date: …………………………………….End Date: ……………………………………..

Supervisor Signature and Stamp:

**Please Place Supervisor**

**Business Card here**

**Please complete and return to Al Akhawayn School of Business Administration (SBA) by email to y.seddik@aui.ma**