

Affiliation Agreement Information Sheet:

Name of Student Intern: _____

Site Supervisor's Name and Title: _____

Company Name: _____

Exact mailing address of the company:

Number and Street: _____

City: _____ State: _____ Zip: _____

Phone and FAX numbers for the Site Supervisor:

Phone: _____

FAX #: _____

Email address for the Site Supervisor:

Disciplines, School of Business:

Accounting and Finance

Business

Business Management

Computer Science and Information Systems

Culinary Arts

Hotel, Restaurant and Tourism Management

Information Technology

Technology Management

Disciplines, School of Agriculture and Natural Resources:

Agricultural Engineering Technologies
Animal Science
Plant Science

Disciplines, School of Liberal Arts and Sciences:

Early Childhood Studies
Biotechnology
Communications
Graphic Design
Journalism
Laboratory Science
Psychology
Social Sciences
Social Work
Sports Management

Need to pursue with this program on campus:

Emergency Medical Technician, Paramedic Training