

Department of Finance

Internship Request Form

This is a Pass/Fail COURSE

Course No. (check one) FIN 3930 FIN 7930

Semester: _____

Semester Credit Hours: **3**

Year: _____

Date: _____

Instructor: Dr. Kurtay Ogunc

Student Information

Name: _____ CWID: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Internship Supervisor (Name, title and contact information of your supervisor, including the name and address of the company or organization):

Internship Duties: (What is the nature of the proposed internship? Attach additional pages if necessary.)

Brief Statement of Expected Learning Objectives: (How will the proposed internship meet your academic program needs? What are your learning objectives for the internship? Attach additional pages if necessary.)

Signatures:

Student

Date

Instructor

Date

This form is to be completed by the student and turned in to financeinterns@lsu.edu prior to registration for the internship.