

**APPLICATION FOR INTERNSHIP  
ECONOMICS (ECON 4385) OR FINANCE (FINC 4385)**

**Internship Coordinator: Mikhail Kouliavtsev, PhD**  
**Chair, Department of Economics and Finance**  
**Nelson Rusche College of Business**  
**Stephen F. Austin State University**  
**Phone: 936-468-4301 Email: kouliavtms@sfasu.edu**

Name (*please print*): \_\_\_\_\_

CID: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Overall GPA: \_\_\_\_\_ /4.0 Major GPA: \_\_\_\_\_ /4.0 Minor GPA: \_\_\_\_\_ /4.0

Course desired:      ECON 4385      FINC 4385      Semester/Term: \_\_\_\_\_

Job title/Position: \_\_\_\_\_

Duties (summarize here and attach a job description):

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Skills to be learned or enhanced (summarize here or attach a list):

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Supervising Faculty: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Supervisor title: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date Employment will begin: \_\_\_\_\_ End: \_\_\_\_\_ Total weeks: \_\_\_\_\_

Hours to be worked per week: \_\_\_\_\_ Total hours (weeks x hours per week): \_\_\_\_\_

Intern to be Paid?      YES      NO      Hourly rate: \_\_\_\_\_

**INTERN’S STATEMENT:**

I hereby apply for enrollment in an Economics or Finance internship course as indicated above, and I hereby certify that I have not and will not use this work experience for course credit in another department. I understand that internships in the Department of Economics and Finance are graded on a Pass/Fail basis. I agree that to receive credit for this internship experience, I must:

- submit a written report as described in the syllabus at the conclusion of the applicable term
- receive a satisfactory evaluation from the employment supervisor
- maintain regular contact with the supervising faculty

\_\_\_\_\_  
Intern’s Signature

\_\_\_\_\_  
Date

**EMPLOYMENT SUPERVISOR’S STATEMENT:**

I agree to serve as employment supervisor for the internship described above. I also agree to complete a copy of the “Internship Evaluation: Employment Supervisor’s Report” and return it to the supervising instructor near its completion.

\_\_\_\_\_  
Employment Supervisor’s Signature

\_\_\_\_\_  
Date

**SUPERVISING INSTRUCTOR’S STATEMENT:**

I agree to serve as supervising instructor for the internship described above. I also agree to complete a copy of the “Internship Evaluation: Supervising Instructor’s Report” at the end of the internship and deliver it to the Internship Coordinator.

\_\_\_\_\_  
Supervising Instructor’s Signature

\_\_\_\_\_  
Date

**APPROVAL:**

\_\_\_\_\_  
Internship Coordinator or Chair Signature