



**SUFFOLK  
UNIVERSITY  
BOSTON**

**SAWYER BUSINESS  
SCHOOL**

## **ENT-521 ENTREPRENEURSHIP INTERNSHIP STUDENT APPLICATION**

The purpose of ENT-521 is to provide students with the opportunity of receiving three credits for an internship, whether paid or unpaid. Students must provide the following information prior to registration:

\_\_\_\_\_ A copy of the internship job description, company name, address, phone number and email address of the employer's primary point of contact.

\_\_\_\_\_ A minimum GPA of 3.0 at the time of application (and instructor approval or as a concentration requirement).

\_\_\_\_\_ A statement identifying the entrepreneurial component/purpose.

\_\_\_\_\_ A signed application agreeing to the terms below.

\_\_\_\_\_ Your latest program evaluation.

By signing this application, you agree to the following terms:

1. You will provide supervisor-signed timesheets that provide evidence that you worked no less than 150 hours during the semester registered and within the official start and end date of each semester.
2. You will provide biweekly logs of work performed during your internship that relates to the functional areas of business.
3. You will prepare a reflection paper at the end of the semester that summarizes your entrepreneurial experience based on information derived from your: a) academic experience; b) professional experience; and c) biweekly logs.
4. You understand that you will receive a grade for ENT-521 that will be included in your GPA.

5. You understand that the syllabus defines expectations, assignments, due dates, assessment, academic integrity, and other pertinent information. You also understand that all course materials are included on Blackboard.
6. You understand that all assignments for this internship are individual and prepared by you. Any collaboration on assignments or violation of the University's academic integrity policy will result in an automatic failing grade.
7. You authorize us to notify your employer to verify your employment status, position, and hours worked during the prescribed semester.
8. You understand that this internship is for three credits, that only one internship is allowed for credit, and you are not using this internship for any other internship credit for other majors.
9. Once we approve your application, you will register for ENT-521 and pay any required tuition.

Student Acceptance:

I \_\_\_\_\_ completed the checklist and agree to the terms included herein and request permission to register for ENT-521\_\_\_\_\_ for the \_\_\_\_\_ semester (include semester and year).

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Student ID/Email

\_\_\_\_\_  
Date

Faculty Approval:

I \_\_\_\_\_ approve the registration of the above student in the course described and agree to sponsor and direct this work.

\_\_\_\_\_  
Faculty Advisor Signature

\_\_\_\_\_  
Faculty Name Printed

\_\_\_\_\_  
Date