

Central Connecticut State University
School of Business
AC 398 Accounting Internship Contract

Attach Position Description and Supervisor's Business Card to this form.

Student Name: _____

Student ID Number: _____

Local Phone: _____ Email: _____

Major Department: _____

Semester and Year: _____

GPA (2.75 or above) _____

Section Number: _____

Prerequisites: Two major courses in Accounting (nine credits and C- or better in each. AC211 and AC212 do not count):

1. _____

2. _____

Name of Employing Company: _____

Address: (street) _____

(city, state, and zip code) _____

Work Supervisor Name and Title: _____

Telephone: _____ Fax: _____ Email: _____

Work Schedule: Students are expected to work a minimum of 150 hours over an eight-week or more period.

Expected Starting Date: _____

Expected Ending Date: _____

Student Signature: _____ date: _____

Work Supervisor Signature: _____ date: _____

Faculty Internship Advisor Signature: _____ date: _____

Department Chair Signature: _____ date: _____

School of Business Dean's Signature: _____ date: _____

Central Connecticut State University
School of Business
Accounting Internship Learning Objectives

Student Name: _____ Date: _____

Please indicate what specific learning objectives in each program area you intend to achieve during this internship experience.

Professional Experience: Identify at least one specific business or professional experience which you would like to have

Major Learning Application: Identify at least one specific theoretical concept from your major which you will apply.

Technical Skills: Identify at least one specific technical skill or area of knowledge which you will acquire or improve upon.

Communication Skills: Identify at least one specific written or oral communication skill upon which you will develop or improve.