

**EMPLOYER INFORMATION FORM- Academic Internship Program**

Employer \_\_\_\_\_

RMU Alumnus/na?  Yes  No

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email \_\_\_\_\_ Website \_\_\_\_\_

Primary Business Activity \_\_\_\_\_

Position Title(s): \_\_\_\_\_

Number of Positions Available: \_\_\_\_\_ Semester(s) Available: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Automatically re-post position each semester \_\_\_\_\_ OR

Re-post position only upon notification by employer \_\_\_\_\_

Academic Majors Desired: \_\_\_\_\_

\_\_\_\_\_ Compensation: Paid \_\_\_\_\_ Unpaid \_\_\_\_\_ Stipend \_\_\_\_\_

\_\_\_\_\_ Hourly Rate (if paid): \$ \_\_\_\_\_

Proposed weekly schedule: \_\_\_\_\_

Location of internship site if different from above: \_\_\_\_\_

Name of supervisor if different from above: \_\_\_\_\_

Telephone \_\_\_\_\_

**REQUIRED POSITION DESCRIPTION:** Please include a position description for each opportunity available. The description should emphasize the job responsibilities and learning objectives and must accompany this form.

Name of student intern, if applicable: \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of person completing this form: \_\_\_\_\_

Return this form and position description to:

Sheila Broman  
Career Center  
Robert Morris University  
6001 University Boulevard  
Moon Township, PA 15108-1189  
412-397-6240 (Phone) 412-397-2207 (Fax)  
broman@rmu.edu