

EMPLOYER INFORMATION FORM- Academic Internship Program

Employer _____

Contact Person _____ Title _____ Yes No
RMU Alumnus/na?

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) 412-397-6326 (Fax)
broman@rmu.edu