



FIU

FLORIDA INTERNATIONAL UNIVERSITY
Miami's public research university

Internship Registration Form

DATE: _____

COMPANY NAME/DIVISION _____

http:// _____
WEB ADDRESS

CONTACT PERSON _____

TITLE _____

STREET ADDRESS _____

CITY, STATE, ZIP CODE _____

TELEPHONE _____

FAX _____

E-MAIL _____

POSITION TITLE: _____

NUMBER OF OPENINGS: _____

HOURS PER WEEK: _____

SALARY RANGE: _____

IF YOU ARE REQUESTING A SPECIFIC STUDENT, PLEASE FILL OUT THE FOLLOWING INFORMATION:

NAME OF STUDENT: _____ STUDENT ID: _____

IS FULL-TIME EMPLOYMENT POSSIBLE UPON COMPLETION OF INTERNSHIP? () YES () NO

DO YOU SPONSOR INTERNATIONAL WORKERS FOR H1B VISA () YES () NO

TRAVEL PERCENTAGE: __no travel __10% __20% __30% __40% __50%

JOB FUNCTION: _____ DEPARTMENT: _____

JOB DESCRIPTION: _____

QUALIFICATIONS: (skills desired)

PLEASE CHECK THE INFORMATION YOU WISH US TO GIVE TO STUDENTS

PHONE _____ FAX _____ EMAIL _____ NAME _____

WORK TYPE (check all that apply)

INTERNSHIP _____ PAID _____ UNPAID _____ ACADEMIC CREDIT _____

WORK CYCLE (check all that apply)

FALL _____ SPRING _____ SUMMER _____

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION STATEMENT

IT IS THE POLICY OF FLORIDA INTERNATIONAL UNIVERSITY THAT NO CITIZEN OF THE UNITED STATES OR ANY OTHER PERSON WITHIN THE JURISDICTION THEREOF SHALL, ON THE GROUNDS OF RACE, COLOR, SEX (INCLUDING SEXUAL HARRASSMENT), AGE, DISABILITY, VETERAN STATUS, RELIGION, NATIONAL ORIGIN OR SEXUAL ORIENTATION, BE EXCLUDED FROM PARTICIPATION IN, BE DENIED THE BENEFITS OF, OR BE SUBJECT TO DISCRIMINATION IN EMPLOYMENT OR UNDER ANY EDUCATIONAL PROGRAM OR ACTIVITY OF THE UNIVERSITY. **YOUR SIGNATURE INDICATES COMPLIANCE WITH THIS STATEMENT.**

SIGNATURE

DATE

FLORIDA INTERNATIONAL UNIVERSITY

COLLEGE OF BUSINESS
FINANCE DEPARTMENT

RB 208 b

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305-348-4202 Phone

305-348-4245 Fax

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