

Nicholls State University  
College of Business Administration  
**Business Intern Request**

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

1. Please check all that apply to your company.

A. \_\_\_\_\_ My company **is interested** in participating in the Nicholls' College of Business internship program for the  
 fall semester  
 spring semester  
 summer term

B. \_\_\_\_\_ My company **is unable** to participate in the Nicholls' College of Business internship.

C. If your company is interested in participating in the program, which major/s below are you interested in interviewing for the internship (check all that apply)?

- Accounting
- Computer Information Systems
- Finance
- Management:
  - HR
  - Maritime
  - General
- Marketing
  - General
  - Professional Sales
  - Advertising

2. Comments concerning your past participation or future participation in the program:

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3. If you have made tentative arrangements with a potential internship student, please indicate the student's name: \_\_\_\_\_

4. Please return by email, fax or mail this form to the address below. If you have any questions or need additional information, please contact us at the number/address below.

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College of Business Administration  
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