

## **BUS 290: Sponsored Corporate Training Contract**

**Sponsored Corporate Training** is available for those students who desire to volunteer in a corporate training program for which they do not receive compensation. These units may be used as electives for the bachelor's degree. Employment cannot be in a family firm or under the supervision of a family member.

To be completed by the Student:		
Semester:	# of Units: _2_	
Student name:	ID#:	
E-mail address:	Ph. #:	
Mailing address:		
To be completed by the Corporate Sponso	or:	
Employer:		
Address:		
Name of On-Site Supervisor:	Title:	
Supervisor Email:	Phone #:	
Program to begin:	Program to end:	
Hours per week:Total hours:		
Program Title:		
Describe Training Activities:		
Attach Program Description when sul	bmitting this contract to the l	nternship Director
In addition to completing the required training a assignments and a two-page paper. See the BU	·	
I, the Intern, have read and agree to all condition Policy. Also, I have been informed and understate understand that regardless of any precaution to	and that there remains a risk of ex	posure to COVID-19. I
Student:	Signature:	Date:
On-Site Supervisor:	Signature:	Date:
Internship Director:	Signature:	Date: