Student Application

SUNY Buffalo State University
Business Department Internship Program (BUS 488)
Professor Lynne M. Scalia, Internship Coordinator
1300 Elmwood Avenue – Chase Hall 335, Buffalo, NY 14222
(716) 878-5322 Phone & Fax
scalialm@buffalostate.edu

Form #1 Submit a hard copy of all completed application forms to Professor L. Scalia.

Date:				
Last Name:	Fir	st Name:		
Major:		Concentration:		
Semester/Year Requesting Intern	ıship:			
Banner #:	Year in School	ol:		
Overall GPA: /4.0 Ma	jor GPA:	/4.0 Graduatio	n Date:	
Permanent Address:				
Street		City, State	Zip Code	
Local Address: Street		City, State	Zip Code	
Phone #:	Email		Zip couc	
List the courses you will take sin	nultaneously w	vith your internship:		
COURSE	DAYS		TIME	
	<u> </u>			
Career Goal:				
Internship Area of Interest (ex. n	nanagement, h	uman resources, marl	xeting, sales, fundraising, n	ıarket
research, event planning, etc.):				
Company Preferences:				
Have you made initial contact w	ith the above c	ompanies? Yes	No	
If so, which ones(s)?				

NOTE: You must apply the semester prior to placement. A decision is made on a *first-come first-serve basis*. The *first-round* of applications will be reviewed starting on February 1 for Summer and Fall placements and October 1 for Spring placement and will continue until the class is filled. Do not delay in submitting your application. A complete application includes: Student Application: Form 1, Career & Professional Education (CAPE) Verification: Form 2, a copy of Degree Works, and a resume and a cover letter (critiqued by the Career & Professional Education -CAPE Staff). Materials must be submitted to Professor Lynne M. Scalia, Business Department Internship Coordinator, Buffalo State College, 1300 Elmwood Avenue - Chase Hall 335, Buffalo, NY 14222.