

The L. Ben Lytle Professional and Career Development Program Butler University College of Business

EMPLOYER INFORMATION (to be completed by prospective/active employer)

Date: _____

Company: _____

Website: _____

Contact's First Name: _____

Contact's Last Name: _____

Contact's E-Mail Address: _____

Contact's Title: _____

Contact's Department: _____

Contact's Primary Phone: _____ Contact's FAX Number: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Brief description of your industry: _____

Brief description of your company: _____

Internal Information Only

COB Contact:

Folder

Term:

INTERNSHIP LISTING INFORMATION:

Internship Title (if applicable): _____

Division/Department: _____

Location of Internship: _____

Name of Supervisor: _____ Title/Position: _____

Is this a part-time or full-time internship position? _____ If part-time, number of hours p/wk: _____

What are the general start/end dates for the internship? _____

Number of interns required: _____ Wage: _____

Job Description: _____

Qualifications/skills required: _____

Please return by e-mail to COBCareers@butler.edu (preferred)

Or return by fax: 317-940-9455

Our location: College of Business, Holcomb 123
Butler University
4600 Sunset Avenue
Indianapolis, IN 46208

Our general phone: 317-940-9715

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