

Department of Management
Zicklin School of Business
Baruch College – CUNY

Internship Application and Permission Form

To: The Registrar

From: Professor Ajay Das – Internship Coordinator

Re: MGT 5110

I have discussed the requirements of MGT 5110, the Management Internship course, with:

NAME: _____ ID# _____

Home Address: _____

Telephone #: _____

Name of Sponsoring Company: _____

Name of Direct Supervisor: _____ Telephone #: _____

Company's Address: _____

City, State, ZIP: _____

Nature of Business: _____

I have approved the internship position, which is to be used in completing the course requirements. If the student is academically eligible, please register him/ her for the course.

Ajay Das
ajay_das@baruch.cuny.edu
Tel: 646-312-3646
Mail Box: B9-271

Signature: _____

Date: _____