

**EMPLOYER INFORMATION FORM- Academic Internship Program**

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**Employer**  Yes  No

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<b>Contact Person</b>	<b>Title</b>	<b>RMU Alum</b>	
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<b>Mailing Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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<b>Telephone Number</b>	<b>Fax Number</b>	<b>E-mail</b>	<b>Web URL</b>
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**Primary Business Activity**

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**Position Title(s):**

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**Number of Positions Available:** \_\_\_\_\_ **Semester(s) Available:** Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Automatically re-post position each semester \_\_\_\_\_ **OR**

Re-post position only upon notification by employer \_\_\_\_\_

**Academic Majors Desired:**

\_\_\_\_\_ **Compensation:** Paid \_\_\_\_\_ Unpaid \_\_\_\_\_ Stipend \_\_\_\_\_

\_\_\_\_\_ **Hourly Rate (if paid):** \$ \_\_\_\_\_

**Proposed weekly schedule:** \_\_\_\_\_

**Location of Internship Site if different from above:** \_\_\_\_\_

**Name of Supervisor if different from above:** \_\_\_\_\_

**Telephone**

**How students should apply:** \_\_\_\_\_

**REQUIRED POSITION DESCRIPTION: PLEASE INCLUDE A POSITION DESCRIPTION FOR EACH OPPORTUNITY AVAILABLE. THE DESCRIPTION SHOULD EMPHASIZE THE JOB RESPONSIBILITIES AND LEARNING OBJECTIVES AND MUST ACCOMPANY THIS FORM.**

**Name of student intern, if applicable:** \_\_\_\_\_

**Name of person completing this form:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of person completing this form:** \_\_\_\_\_

**Return this form and position description to:** Sheila Soutar Broman  
Career Center  
Robert Morris University  
6001 University Boulevard  
Moon Township, PA 15108-1189  
(Phone) 412-397-6240 ~ (Fax) 412-397-6326  
[broman@rmu.edu](mailto:broman@rmu.edu)