



EMPLOYER'S POSITION REQUEST FORM

SCHOOL OF BUSINESS

Pacific Lutheran University ♦ Tacoma, WA 98447 ♦ Phone (253) 535-7244 ♦ Fax (253) 535-8723

Company Name _____

Address _____

City _____ State _____ Zip _____

Contact Person _____

Title _____

Phone _____

Fax _____

Email: _____

Internship Position Title _____

Internship Position Description _____

Qualifications (please list) _____

Functional Area (check all that apply)

Marketing /Sales

Information Technology

Accounting

Finance

Human Resources

Production/Operations

General Business

Degree level

Undergraduate

Graduate

Either

Estimated Time Frame (Start/End Dates if possible) _____

Compensation _____

Estimated Time Commitment (Hours/Wk) _____

Application Process

Send resume and cover letter to contact person listed

Phone contact person for appointment

Send resume and cover letter to School of Business for forwarding

On-campus interview

Other _____

PLEASE RETURN TO:

School of Business ♦ Pacific Lutheran University ♦ Tacoma, WA 98447 ♦ Phone: (253) 535-7244 ♦ Fax: (253) 535-8723