BUSINESSES INTERESTED IN INTERNSHIP PROGRAM

Management of Business Contracts Certificate Program
University of California, Irvine, Extension

Name of Business: ______________________________________________________

Address: ______________________________________________________________

______________________________________________________________

Contact Person: ________________________________________________________

Phone #: ______________________________________________________________

Specialty of Business: __________________________________________________

Is your Business interested in hosting an intern for 10 weeks, approximately 10 hours a week?

☐ YES  ☐ NO

Would you be interested in participating in later quarters? (Please note: your name will only be removed from our intern host list upon your request.)

☐ YES  ☐ NO

Do you employ contract management professionals in your business?

☐ YES  ☐ NO

Comments: ____________________________________________________________

The business understands that the internship is an educational experience and that the intern and host will be asked to provide feedback on the intern’s performance.

Please fax form to (949) 824-1547 or mail to:
Management of Business Contracts Certificate Program
University of California Extension
P.O. Box 6050
Irvine, CA 92616-6050