

APPLICATION FOR CAREER EXPLORATION: BINT 20400

PREREQUISITE:

BINT 10400 – Informational Interview

Please note, the career exploration may not be conducted with a family member.

Name: _____ ID Number: _____

E-Mail Address: _____ Cell Phone: _____

Major: Accounting Business Administration: Concentration (s) _____

Semester in which experience will take place: Fall Winter Spring Summer Year: 20____

CAREER EXPLORATION DESCRIPTION:

Dates in which you will complete 30 hour career exploration experience: _____

Sponsoring Organization: _____

Supervisor Name: _____ Title: _____

Phone: _____ Email address: _____

Address: _____

Company Website: _____

Organization Type: For Profit ____ Not For Profit ____ Government ____

What do you hope to learn from this career exploration? (Skills, understanding of specific areas, industry know-how, etc.)

What are your career goals? How will this career exploration assist you in working toward these goals?

STUDENT AGREEMENT

1. I agree to complete at least 30 hours of career exploration at the sponsoring organization noted in this application.
2. I understand that completing a career exploration assignment is a graduation requirement of my degree that is not credit bearing and is offered as a Pass/Fail course.
3. I understand that if I do not complete the academic responsibilities as outlined on the first page of this application, which I have reviewed, I will receive a failing grade. I understand that if I receive a failing grade it will permanently remain on my transcript and I will be required to re-enroll in this course to complete my degree requirements.
4. If I am unable to complete the required hours during the term in which I am enrolled I will immediately contact the External Relations Program Director to avoid receiving a failing grade.
5. I understand that this is a serious responsibility, and that I will be representing the School of Business and Ithaca College, as well as myself.
6. I have carefully considered my academic load and other commitments and am able and willing to devote the time and energy necessary to make my career exploration a successful one.
7. I understand my responsibility in reporting any harassment, sexual or otherwise to the Assistant Dean and organizational sponsor.

Student Signature

Date

Turn application in at Student Services Team desk or BUS 122

Once the application has been approved, you will receive a registration confirmation e-mail and assignment details.

SUPERVISOR AGREEMENT

I have read the career exploration description as outlined on the previous page and agree to act as the supervisor for the Ithaca College student enrolling in this experience. I verify that the student completing this experience will work in a safe, harassment-free environment at all times. I agree to contact the School of Business's External Relations Program Director if any questions or problems arise during this experience. Contact information for the External Relations Program Director:

Catrina Decker
School of Business, Ithaca College
953 Danby Road
Ithaca, NY 14850

T: 607-274-3680
F: 607-274-1152
E: cdecker@ithaca.edu

Supervisor Signature

Date

BINT 104 Completed:

Yes

No

External Relations Program Director Signature:

Date