



Statement of Purpose

Student Information

Student Name

SBU ID

Company Name

Please describe your reasons for applying for this internship.

Explain how it aligns with your current academic program, future educational plans, career goals, and personal interests. Additionally, include a brief overview of the specific skills and knowledge you hope to gain through this experience.

(Student Signature)

(Submission Date)

-----Please Do Not Write below this line-----

(Chair's Signature)

(Approval Date)

**THE FORM MUST BE COMPLETED PRIOR TO BEGINNING YOUR INTERNSHIP.
YOU WILL NOT BE ABLE TO REGISTER FOR BUS488 WITHOUT THIS FORM APPROVED.**