

Client Engagement Information

I. Organization Name			
Division or Subsidiary Name			
Business Type			
Government	Not For Profit Organization	Other (Specify Below)	
Private Company	Public Company		
II. Executive with Overall Project Responsibility			
Name/ Title			
Department			
Telephone		Email Address	
III. Mailing Address			
City, State, Zip			
IV. Main Contact			
Name/ Title			
Department			
Telephone		Email Address	
V. Desired Student Concentrations			
Applied Statistics	Economics	Global Business	Marketing
Arts Management	Entrepreneurship	Information Technology	Pharmaceutical Management
Ecommerce	Finance	Management and Business Strategy	Supply Chain Management

VI. Desired Student Career Interests:			
Accounting	Consulting	Health Care Services	Printing/Publishing
Advertising/Marketing Services	Education	Household/Personal Products	Real Estate
Aerospace	Electrical Equipment	Import/Export/Trading	Retail
Agribusiness	Entertainment/Leisure	Information Technology	Rubber/Plastics/Tires
Automobile/Transportation Equipment	Fashion Industry	Law	Textiles/Clothing
Chemical	Financial Services	Machinery	Transportation Services
Communication	Food/Beverage/Tobacco	Not-for-Profit	Utilities
Computer Services	Forest Products/Packaging	Petroleum/Energy	Venture Capital
Construction	Government	Pharmaceuticals/Biotech/HealthCare Products	Other (Specify)
VII. Special Conditions or Constraints (if any):			
IIX. Background (brief description of the Organization):			
IX: Summary Description of the Engagement Project:			
X. Expected Results:			
Submitted By:			
Name:			
Title:			
Date:			