

Request for Wittenberg Management Assistance



- Management Intern
 Project Management Assistant Program (PMA)
 Creative Advertising Partnership Program (CAP)
 Small Business Institute Program (SBI)

| | | | |
|------------------|---------------------------------|--|---------|
| Name of Company | Your Name (Last, First, Middle) | Telephone (PH) _____ - _____ - _____ (FAX) _____ - _____ - _____ | |
| Mailing Address: | City | State | Zipcode |

Street Address: _____ E-Mail: _____

Type of Business (check one)

| | | |
|--|---|---|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Professional Service | <input type="checkbox"/> Arts |
| <input type="checkbox"/> Wholesale | <input type="checkbox"/> Doctor <input type="checkbox"/> Lawyer <input type="checkbox"/> Accountant | <input type="checkbox"/> Not-for-Profit |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Food/Beverage Service | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Other Service | |

Indicate the **BEST day of week** and **time** for contact from the Director or Student Director, WittCAM:

Indicate, **briefly**, the nature of the management assistance you seek or more detail about your business.

How did you learn about Wittenberg's management assistance programs?

| | | |
|--|--|--|
| <input type="checkbox"/> Newspaper Article | <input type="checkbox"/> Chamber of Commerce | <input type="checkbox"/> Word-of-mouth |
| <input type="checkbox"/> Media Ad (print, TV, radio) | <input type="checkbox"/> Wittenberg Faculty or Staff | <input type="checkbox"/> Other _____ |

I request management assistant(s) for the _____ semester, 20 _____. I understand I must provide student(s) with information and direction while s/he is at my place of business, and that I must agree to fulfill the client responsibilities of the applicable assistance program before my request is processed by the Director, Wittenberg Center for Applied Management.

Signature and Title of the person making the request: _____ **Date:** _____

To be completed by the Director or Student Director, Wittenberg Center for Applied Management .

| | |
|-------------------------|--------------|
| Disposition of Request: | Student(s):: |
|-------------------------|--------------|