



Internship Information (To be completed by Site Supervisor)

Intern Name:

Company Name:

Address:

City

State

Zip

Supervisor Name:

Supervisor Title:

Department:

Supervisor Work Phone

Supervisor Email:

Hours Worked/Week:

Internship Title:

Paid

Unpaid

Rate of pay:

If current employer, please include date of hire:

List 3-5 realistic and career-related internship duties that have been assigned for the term.

- 1.
- 2.
- 3.
- 4.
- 5.

IF STUDENT IS USING CURRENT EMPLOYER FOR INTERNSHIP: Learning Objectives must be different from current assignments. New learnings may be achieved via new or expanded responsibilities, working in a different department, shadowing and assisting in management responsibilities, and/or taking on a special project.

Supervisor Disclaimer and Signature

I certify that the information I have provided is true and complete to the best of my knowledge.

I agree to supervise the student and provide appropriate feedback and student evaluation to instructor and provide ongoing instruction throughout this formal training experience.

I agree to remain consistent to the internship description and monitor the student's performance as he or she completes the assigned internship duties listed above, providing training, guidance, and assistance as needed.

I agree to complete the supervisor assessments and participate in a site visit per the student's course requirements.

I attest the employing organization adheres to an equal opportunity employment policy and does not discriminate against potential candidates.

In the case of an unpaid internship: I attest that the intern is not replacing a regular permanent employee and the working arrangement is an agreement between the company and student.

Supervisor Signature:

Date