UNDERGRADUATE INTERNSHIP SITE CONFIRMATION FORM

Student: ____________________________ Student Phone: ____________________________

Internship Site Name: ____________________________

Site Address: ____________________________ Site Phone/Fax: ____________________________

Site Supervisor: ____________________________ Site Supervisor’s Email: ____________________________

Internship Start Date: ____________________________ Internship Finish Date: ____________________________

Describe the work you would be doing:

__________________________________________________________________________________________

Days at Internship (Mon., Tues., etc): ____________________________

Total Hours per Week: ____________________________

By signing this, the student attests that they have read and understand the Internship requirements, policies, and procedures found in the undergraduate internship manual. The site supervisor attests that they have read and understand the academic requirements detailed in the Site Service Agreement.

INTERN DATE

SITE SUPERVISOR DATE

INTERNSHIP TEACHER DATE