INTERNSHIP VERIFICATION FORM

Student
Name_____

Student Address_____

_____

Student Telephone #_____

Student e-mail address_____

Field Supervisor Name_____

Agency Name_____

Agency Address_____

_____

Agency Telephone #_____

Supervisor/Agency e-mail address_____

Proposed activities/programs in which the intern will be involved:

_____

_____

_____

_____

Proposed dates for internship:

Begin_____ End_____

The above named agency and supervisor have agreed to supervise my internship. The internship is for three (3) credit hours and **100 work hours**.

_____ _____
(Signature of agency supervisor) (Date)

_____ _____
(Signature of student) (Date)