Internship Supervisor Statement

Organization ________________________________________________________

Internship Role ______________________________________________________

Student Name _______________________________________________________

Start/End Dates Start __________________________ End __________________________

Total Hours (240 minimum) ______________

Compensation Info (select one)
Internship is unpaid ___ Internship is paid $_____
Other $_____ (please describe ________________________)

Please attach the following on organizational letterhead:
1. Organization Description
2. Position Description including:
   • How this internship will advance the core mission of your organization and the potential impact of the student’s work.
   • Extent of your organization’s engagement, supervision, and support of the student
   • Confirmation that the student is in consideration or has been offered/accepted the internship.

Supervisor Printed Name: _____________________________________________

Supervisor Title: ____________________________________________________

Supervisor Signature: ________________________________________________

Date: _____/_____/______