

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: ____/____/____