Supervisor Statement Form

Organization ____________________________________________________________

Internship _____________________________________________________________

Title _________________________________________________________________

Student Name _________________________________________________________

Start/End Dates Start ___________________________ End ___________________________

Total Hours (240 minimum) ______________

Salary (select one)
Internship is unpaid ___ Internship is paid ($_____/hr or $____/month)

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 Signature: _________________________________________________

Date: _____/_____/______