

## Supervisor Confirmation Form

### To be completed by Internship Supervisor

Please complete form, **print as PDF**, save to your desktop and email to your student intern so they may attach it to their online application.

Name of Organization: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Organization Address, City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor Email: \_\_\_\_\_

Supervisor Title: \_\_\_\_\_

Intern's Name: \_\_\_\_\_

Number of Hours (minimum of 120 hours but 220 hours preferred, if possible) \_\_\_\_\_

This internship is:  Paid (If paid, confirm total compensation: \_\_\_\_\_)

Unpaid

Is this internship taking place remotely?    Yes                  No

### Questions for Supervisor:

Describe the duties, responsibilities, and the projects that your intern will be working on in as much detail as possible.

**How will your intern's time be divided among different tasks?**

**Please describe how your intern will be supervised and evaluated throughout the internship.**

**What learning objectives do you have for your intern?**

**What kind of meetings or professional engagement opportunities will your intern attend with you or other members of your staff?**

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_