

Internship Offer Validation

Person completing this form

Date

Title

Organization

Address

This is to verify that

in

(Name of Intern)

(Program of Study)

has been offered an Internship with the above organization from

to

(mm/dd/yy)

(mm/dd/yy)

The intern is expected to perform the following duties:

The student is expected to work

hours per week

The student's immediate supervisor will be

The supervisor's email address is

The supervisor will be asked to complete the Internship Performance Review Form for the intern at the end of the internship.

The form will be provided by the intern.