

1. Organization/Department \_\_\_\_\_  
Position \_\_\_\_\_ Hours/Week \_\_\_\_\_ Total Hours \_\_\_\_\_  
Semester  Fall  Spring  Summer Year 20 \_\_\_\_\_

I agree to supervise the above named student in the internship described and provide a final evaluation.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_