



Prospective Internship Supervisor Form

Prospective Intern's Name: _____

TO THE PROSPECTIVE SUPERVISOR: For the student to receive academic credit for this internship, they need your agreement to evaluate internship performance at the end of the internship period. Please fill out the information below and return to the intern for inclusion with the application for credit.

The Final Evaluation will be sent via email to the contact listed below three weeks prior to the conclusion of the internship, and must be completed at least 10 days prior to the end of the semester in which credit is to be earned. Please note that the final evaluation may be shared with the student.

PROSPECTIVE SUPERVISOR INFORMATION (all information below is required)

Supervisor's Name: _____

Title: _____

Phone: _____

Email: _____

Name of Firm: _____

Firm Address: _____

Planned Start Date for Internship: _____

Planned End Date for Internship: _____

Hours Per Week for Internship: _____

Hourly Wage for Internship: _____

Detailed Description of Internship Activities/Responsibilities (OR attach job description):

Prospective Supervisor's Signature: _____ Date: _____