

This form must be filled out by the internship supervisor and returned to Dr. Jill Folk (jfolk@kent.edu).

Contact information (phone and email) _____

I, _____, agree to supervise _____ for the duration of the
(your name) (intern's name)
_____ (include the year) semester. _____ will work ____ hours per
(intern's name)
week and perform the following duties: _____

I, _____, agree to submit two evaluations of _____'s work
(your name) (intern's name)
throughout the _____ (include the year) semester.

I, _____, certify that I am not a relative of _____ and have no
(your name) (intern's name)
other conflicts of interest that would impede my ability to fairly and accurately evaluate this
student's work as an intern.

SUPERVISOR'S SIGNATURE _____ **DATE** _____