



**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: \_\_\_\_\_