

INTERNSHIP SUPERVISOR STATEMENT

Organization: _____

Intern Name: _____

Intern's Title/Role: _____

Start/End Dates: Start _____ End _____

Number of Weeks _____ Hours per week _____ Total Hours (240 minimum) _____

Compensation Info

Internship is unpaid _____

Internship is paid \$_____ (hourly _____ weekly _____ monthly _____ upon completion _____)

Other \$_____ (please describe _____)

Please attach the following on organizational letterhead:

1. Organization Description

2. Position Description including:

- How this internship will advance the core mission of your organization, and the potential impact of the student's work for the organization.
- Extent of your organization's engagement, supervision, and support of the student
- Confirmation that the student is in consideration or has been offered/accepted the internship.

Supervisor Printed Name: _____

Supervisor Title: _____

Supervisor Signature: _____

Date: ____/____/____

Please email this form to careers@lafayette.edu

If you have any questions or need assistance, please contact Gateway Career Center:
(610) 330-5115