

Lafayette College Gateway Career Center

EMPLOYER VERIFICATION STATEMENT

It is respectfully requested you submit this by **August 28, 2023** before the start of fall term.

Organization: _____

Student Intern Name: _____

Internship Title: _____

Internship Start Date: _____ End Date: _____

Number of Weeks _____ Total Hours Worked Summer 2023: _____

Future Interns: If your organization allows, would you consider hiring another Lafayette **intern** in the future? YES - NO If YES, when is the best time and way to contact you to coordinate circulation of the internship position description?

Future Hires: Having experienced the caliber of our student talent pool, would you like to work with Career Services to build a **talent pipeline** for entry-level positions? YES - NO If YES, when is the best time and way to contact you for further discussion?

Supervisor Printed Name: _____

Supervisor Signature: _____

Supervisor Email: _____

Date: ____/____/____

Form may be emailed directly to Alexis Leon at leon@lafayette.edu or sent to the address below.
If faxed or mailed, please send to the Attention of Alexis Leon.

Thank you for providing a valuable summer opportunity for a Lafayette student!

LAFAYETTE
GATEWAY CAREER CENTER

201 Hogg Hall, Easton PA 18042
Fax: 610-330-5719