Internship Certification and Agreement

SIGNATURE (Supervisor)	DATE
Email:	Phone:
Position:	Address:
Company:	Supervisor:
Internship contact/supervisor within the business o	or agency:
Please provide a description and list of the job operform. Please include any specific projects the	duties that the student intern will be expected to nat the intern will be assigned.
Internship Course:	
Internship Dates:	
Internship Company and Location:	
Intern Name:	