

Interior Design Internship Program waiver

Request for Exemption From Internship Requirement

To be completed by employer.

After you have completed this form, save this file on your computer. Then attach it in an email to nhackett@suffolk.edu

Student Name: _____ Course of Study: BFA MA

Expected Graduation Date: _____ Student ID Number: _____

Student e-mail: _____ Student Cell Phone: _____

Internship Firm Name: _____

Internship Firm Website: _____

Internship Firm Address: _____

Supervisor (name and title): _____

Supervisor's e-mail: _____ Supervisor's phone: _____

Please give a description and evaluation of the student's duties, responsibilities and performance while an employee at your firm:

Between which dates, on which day(s) of the week, and during what hours was the student typically employed with your firm?

Begin Date: _____ End Date: _____

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____
time time time time time

Total hours worked: _____ What salary was the student paid as an intern at your firm? _____

Is the student currently employed at your firm? Yes No

Supervisor's Signature: _____ Date: _____