

Internship Completion Form

(To be completed by internship supervisor, and given to advisor)

Name of Student:

Internship Office:

Supervisor:

Phone Number:

Address:

The above named student HAS/ HAS NOT completed an internship at my organization.
S/he worked for _____(days/hours per week) for a period of
_____(length of time—weeks/months)

Main responsibilities/duties of student:

Comments:

Signature of Supervisor:

Name:

Date:

Title:

(A letter on company stationary will suffice.)