

**2012 EMERSON SUMMER INTERNSHIP PROGRAM**  
**SITE CONFIRMATION**  
*(all information must be typed)*

**Ithaca College provides graduate awards to support summer internships for rising senior students who are interning at your site has applied for an award, therefore, we need to receive your confirmation from you. By signing this form you will provide us with verification of your site's approval of the student completing an internship at your facility during the Summer Session 2012. Please check the box indicating that you have read and approve the activities. If you have any additional comments, please write them in the space provided. After signing the form, please return it to the Deans Office at the address listed below.**

Type your supervisors' name, your name, and the name of the site in these boxes

I, *(name of site supervisor)* confirm the acceptance of *(name of intern)* as an intern during the Summer Session 2012 at *(name of site)*

Start Date: *(Month, Day, Year)* | End Date: *(Month, Day, Year)* | \*Credits: *(enter #)*

**I have read and approve the activities as described in the intern's design statement.**

**Additional comments:**

Type the dates and the number of credits you will earn in these boxes.

Type the names of your IC faculty sponsor and the Site Supervisor in these boxes.

Have your IC faculty sponsor sign and date this form before you send it to your site supervisor.

**SIGNATURES**

\_\_\_\_\_  
*IC Faculty Sponsor/advisor/internship coordinator*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Authorized Site Supervisor*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Thank you for your prompt attention and return of this document by FAX or Mail. Form must be received on or before 4:00 pm on Friday, March 9, 2012. If you FAX us a copy, please put the original in the mail for our files.**

**Ithaca College  
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Deans Office  
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Ithaca, NY 14850**

**Phone: 607.274.3237  
Fax Number: 607.274.1137**