## 2020 EMERSON SUMMER INTERNSHIP PROGRAM SITE CONFIRMATION

(all information must be typed)

| stude the name of the site in<br>to reaction these boxes<br>verification that this student will b<br>Session 2020. Please check the bo | duate awards to support summer internships for rising senior<br>interning at your site has applied for an award, therefore, we need<br>ement from you. By signing this form you will provide us with<br>a completing an internship at your facility during the Summer<br>x indicating that you have read and approve the activities. If you<br>ase write them in the space provided. After signing the form,<br>at the address listed below. |
|--|--|
| L (name of site supervisor) confirm the a at (name of site).   | cceptance of (name of intern) as an intern during the Summer Session 2020  |
|  | End Date: (Month, Day, Year) *Credits: (enter #)   |
| I have read and approve the ac   | ivities as described in the intern's design statement.   |
| Additional comments:   | Type the dates and the<br>number of credits you<br>will earn in these boxes.   |
| Type the names of your<br>IC faculty sponsor and<br>the Site Supervisor in<br>these boxes.   | Have your IC faculty<br>sponsor sign and date<br>this form before you send<br>it to your site supervisor.  |
| SIGNATURES<br>IC Faculty Sponsor/advisor/internship coor   | linator 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 Monday, March 16 2020. If you FAX us a copy, please put the original in the mail for our files.

Ithaca College School of Health Sciences and Human Performance Deans Office 320 Smiddy Hall Ithaca, NY 14850 Phone: 607.274.3237 Fax Number: 607.274.1137