2022 EMERSON SUMMER INTERNSHIP PROGRAM SITE CONFIRMATION

(all information must be typed)

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

duate awards to support summer internships for rising senior interning at your site has applied for an award, therefore, we need ement from you. By signing this form you will provide us with

verification that this student will be completing an internship at your facility during the Summer Session 2022. 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.

L (name of site supervisor) confirm the acceptance of (name of intern) as an intern during the Summer Session 2022 at (name of site).

I have read and approve the activities as descriditional comments:	ibed in the intern 5 design statement.	
	Type the dates and the number of credits you will earn in these boxes.	
Cype the names of your C faculty sponsor and ne Site Supervisor in nese boxes.	Have your IC facult sponsor sign and day this form before you it to your site superv	te ı senc
IGNATURES IC Faculty Sponsor/advisor/internship coordinator	Signature Da	ate
Authorized Site Supervisor	Signature Do	ate

Thank you for your prompt attention and return of this document by Mail or as an email attachment (hshpdean@ithaca.edu). Form must be received on or before 4:00 pm on Monday, March 14, 2022.

Ithaca College School of Health Sciences and Human Performance Deans Office 320 Smiddy Hall Ithaca, NY 14850 hshpdean@ithaca.edu Phone: 607.274.3237