2023 EMERSON SUMMER INTERNSHIP PROGRAM SITE CONFIRMATION

(all information must be typed)

IthacType your supervisors'Ithacname, your name, andstudethe name of the site into redthese boxesverification that this student will ISession 2023. Please check the bhave any additional comments, please return it to the Deans Officient	cement from you. By signing this be completing an internship at yo ox indicating that you have read ease write them in the space prov	ed for an award, therefore, we need s form you will provide us with our facility during the Summer and approve the activities. If you
L (<i>name of site supervisor</i>) confirm the at (<i>name of site</i>).	acceptance of (name of intern) as an in	atern during the Summer Session 2023
Start Date: (Month, Day, Year)	End Date: (Month, Day, Year)	*Credits: (enter #)
☐ I have read and approve the ad Additional comments:	ctivities as described in the interr	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 cool	rdinator Signat	ure Date
Authorized Site Supervisor Thank you for your prompt attent email attachment (hshpdean@itha		ey mail or as an

pm on Friday, March 31 2023

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