

INTERNSHIP SITE APPROVAL

Student's Name: _____ Date: _____

Site: _____

Start Date: _____ End Date: _____ Hours Per Week: _____

Brief Job Description:

Site Contact Person: _____

Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Telephone: _____ Fax: _____

As site supervisor, I understand that the intern must work a minimum of 240 hours at this site in order to receive academic credit.

Please SAVE and PRINT this form, give it to your site supervisor, and obtain the appropriate signatures in the spaces provided below.

Student Signature: _____ Date: _____

Site Supervisor Signature: _____ Date: _____

Associate Dean Signature: _____ Date: _____

Please return the completed form to the Jepson School drop box located at Jepson 122.

Forms may also be mailed, scanned and e-mailed, or faxed to:

Dr. Kerstin Soderlund
Associate Dean for Student and External Affairs
Jepson School of Leadership Studies, 123 Jepson Hall
28 Westhampton Way
University of Richmond, VA 23173

E-mail: ksoderlu@richmond.edu

Fax: (804) 287-6062

Scanned or faxed signatures are acceptable.