



MSIM Internship Confirmation

(This form confirms that student and supervisor have agreed to pursue the following internship.)

Student Name:

Student ID Number:

Student Email:

Student Telephone:

Internship Host Site Name:

Supervisor Name:

Supervisor Title:

Supervisor Mailing Address *(please include zip)*:

Supervisor Telephone:

Supervisor Email:

Internship Quarter/Year: _____

Credits/Hours:

2 (200 hours of work over the specific quarter)

3 (300 hours of work over the specific quarter)

4 (400 hours of work over the specific quarter)

Please briefly note the primary activities and/or project(s) that the student will pursue.

(A more detailed version will be outlined in the *MSIM Internship Learning Objectives Agreement*):

By signing this form, both the Student and Supervisor agree to the general guidelines for this internship, as outlined above. In addition, the Supervisor confirms with their signature that they have been provided with the "MSIM Internship Information for Supervisors" summary sheet (either by the Student or the MSIM Academic Advisor).

[Digital Signature Instructions](#)>



SIGNATURES:

Student: _____ Supervisor: _____

Date submitted: _____