



PLACEMENT CONFIRMATION FORM

General Information

Student's Name: _____

Agency: _____

Agency Address: _____

Internship Supervisor: _____

Supervisor Phone: _____

Supervisor Email: _____

Internship Information

Primary Work Location: _____

Secondary Work Location: _____

Primary Work Activities: _____

Will the student be required to travel as part of his/her work responsibilities? Yes No

Tentative Work Schedule: Hours per Day: [] Work Days (Please Check) M T W Th F

Additional Comments:

By signing below, the Student and Internship Supervisor confirm that the Student will complete his or her internship (120 hours) at the agency identified in this Placement Confirmation. Any questions or concerns regarding this placement should be directed to the Internship Director or the Chair of the Department of Sociology.

Student's Signature: _____ Date: _____

Internship Supervisor's Signature: _____ Date: _____