



Department of Business Administration

**EMPLOYER CONFIRMATION FORM**

**(For Business Internships)**

This is to confirm that \_\_\_\_\_ has obtained an internship with \_\_\_\_\_, working \_\_\_\_\_ hours per week for \_\_\_\_\_ weeks (student must complete at least 150 internship hours).

We need confirmation that you have obtained a business internship. Please have your supervisor fill in this form and return it to the Department of Business Administration, at [bsba@kutztown.edu](mailto:bsba@kutztown.edu).

(PLEASE PRINT)

1. Internship Position/Title: \_\_\_\_\_

2. Internship Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

3. Company Website: \_\_\_\_\_

- **Please return this form to the student so it can be turned in with the completed packet.**
- **Alternatively, an email containing all of the above information can be sent by the supervisor from the company's official email to the student for submission as part of the packet.**