



# Supervisor Form

The following form is to be filled out by the intern's supervisor and submitted by as part of the Digital Worlds Internship Application Packet.

INFORMATION		
Student's Name:		
Employer Name:		
Mailing Address:		Apt/Unit:
City:	State:	Zip:
Supervisor's Name, Title:		
Email:		Phone:
Internship Dates: From                      to		
Total Hours of Internship:                      Paid?		

ACKNOWLEDGEMENT	
	I acknowledge that this internship is a pre-professional learning experience that offers meaningful, practical work experience related to the student's field of study or career interest. This internship allows the student to apply principles and theory learned in the classroom in a professional environment. Through this internship the student is provided an opportunity for career exploration and development as well as a chance to learn new skills.

SUPERVISOR'S SIGNATURE	
<i>Signature</i>	<i>Date</i>

***Thank you for providing this opportunity to our student.***