

Student Name: _____

Company/Organization

Name: _____

Address: _____

Internship Supervisor

Name: _____

Phone: _____

Email: _____

Internship Dates: _____

Student's main project(s) and tasks:

This letter is to confirm that _____ has been offered an internship
with _____, with _____ acting as a supervisor.
student name
company/organization name supervisor name

In order to receive credit at Earlham College, a student's internship experience must meet the below qualifications. I affirm that this internship:

- Is a minimum of 8 weeks and 20 hours per week (total minimum of 160 total hours).
- Takes place during the summer at an established organization, non-profit, agency, business, etc. (Internships should generally not be conducted at student's family-owned business, but may be reviewed on a case-by-case basis.)
- Is on-site (not virtual).
- Includes meaningful, project-based work that focuses on developing skills, knowledge, and abilities applicable to future employment opportunities.
- Includes an on-site supervisor with weekly check-in meetings to discuss progress toward work, review learning goals, and write a final evaluation.
- Provides a way for CCCE staff to communicate with the internship supervisor (email or phone) and a method of translation if the supervisor does not speak English.
- Takes place in a country that is not currently under a travel warning by the U.S. State Department.

Sincerely,

Supervisor name

Supervisor Signature

If digital signature is not available, please print, sign and scan.

Date