Community Health Program
Health, Physical Education, Recreation and Sport Science
St. Cloud State University
INTERNSHIP CONFIRMATION SHEET

We hereby accept the following student from St. Cloud State University as an intern and will provide a learning experience through our operation for the time and under the specifications listed below:

Name of Student _____

Student's Home Address _____

_____Phone_____

E-mail address_____

Salary or any other compensation (if any) _____

Start Date of Internship _____ End Date _____

The agency supervisor and student have discussed:

General duties and responsibilities of the internship	( ) yes ( ) no
The agency is an equal opportunity employer.	( ) yes ( ) no
Creating specific goals and objectives	( ) yes ( ) no
Specific tasks and programs for the internship	( ) yes ( ) no
Agency policies and procedures	( ) yes ( ) no

Agency Name_____

Name of Agency Supervisor _____

Address and Phone of Agency _____

_____Phone_____

I have discussed this proposed internship with the agency supervisor and I agree to pursue this internship experience as specified on this form.

_____ _____
Student's Signature Date

Approved by _____
SCSU Community Health Internship Coordinator Signature

Approved by_____
Agency Supervisor Signature

****(To be completed and signed by the agency and the student at the time of the agency interviews the prospective intern and then returned for SCSU Community Health Internship Coordinator signature)***