

Professional Internship Confirmation Form

Important: *The on-site supervisor must not be the instructor of record.*

Is the internship paid or unpaid? ☐ Paid ☐ Unpaid

If paid, what is the hourly rate? _____

Student-Intern Information – to be completed by the student

Student Name _____ Student ID# _____

Student Email _____ Student Phone _____

Major: _____

Semester: Fall ☐ Spring ☐ Summer ☐ Year of Enrollment _____

Signature: By signing you are attesting that you have met with a CVAD academic advisor and are aware of how this internship will be applied in your degree.

Student/Intern Name _____

Signature _____ Date _____

Faculty Information

Instructor of Record _____

Instructor Email _____

Instructor Signature _____

For Interior Design Students Only

Type of Firm: _____

Registered Designer or Architect (NCIDQ; RID; RA): YES ☐ NO ☐

On-Site Supervisor – Employer – Information

Name _____ Title _____

Name of Institution or Organization _____

Physical Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

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Describe the nature of the assignments given to the intern.

I have agreed to serve as the on-site supervisor to

[Name of Student] _____.

I agree to provide the

[Name of Major] _____ faculty listed above with an evaluation of the intern's performance midway through the internship and a final evaluation at the conclusion of the internship.

Supervisor's Signature _____

Date _____