University of Wisconsin Milwaukee
Department of History
Verification of Internship

TO BE COMPLETED BY STUDENT

Name of Student: ___________________________ Date: ____________

Telephone Number: ___________________________

Number of Internship Credits: _______________

Do you have a disability which will require accommodations by the agency? YES  NO

If YES, have you discussed this issue with the agency? YES  NO

Are you presently registered with the student accessibility center? YES  NO

TO BE COMPLETED BY AGENCY SUPERVISOR

Name and Address of Agency or Organization: __________________________________________

____________________________________________________________________________

Name of Supervisor(s): ___________________________________________________________

Supervisor/Agency contact information: ____________________________________________

Briefly describe the roles, responsibilities, and functions that the student will perform as an Intern in your agency or organization. What types of training, coaching and supervision will the student receive as part of his/her internship?

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

How is the student going to be evaluated by the agency?

___________________________________________________________________________

Signature of Agency Supervisor ___________________________ Date ________________