

**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

