



Employer Verification Form

Directions: This form is used to verify that you have offered an internship to the student indicated below. Please provide a copy of the duties and responsibilities that the intern is expected to perform, along with the expected learning and experiential outcomes.

Attention: Lisa Smith, Director
Experiential Learning and Career Engagement
Tennessee State University
College of Business
330 10th Avenue, North, Suite K434
Nashville, Tennessee 37203-3401
Phone: (615) 963-7237; Fax: (615) 963-7139; E-mail: lsmith11@tnstate.edu

Name of Intern _____

Company _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Host E-mail Address _____

Please submit the following documents along with this signed form:

- Job description for Internship position.
- Learning and experiential outcomes to be derived by the student intern.
- Work schedule for student/intern, including starting and ending dates.

We ask that host organizations consider the following when structuring an internship experience for students:

- The provision of meaningful internship experiences for students.
- The provision of direction and a supportive learning and working environment for interns.
- Maintenance of open communication with the intern and internship coordinator.
- Submission of evaluation forms at mid-term and at the end of the semester.

Manager's Signature _____

Manager's Signature Printed _____