

Attachment C

**EMPLOYER/SUPERVISOR VERIFICATION OF STUDENT
INTERNSHIP/COOP**

Student Name: _____

Supervisor: _____ Title: _____

Company Name: _____,

Address: _____

City: _____, State _____, Zip: _____

Phone (Work): _____ E-Mail: _____

Dates of Student Intern Employment: From _____ To _____

Primary Responsibilities of Student Intern _____

Hours Intern worked per week _____

Please rate student overall performance;
(4) Outstanding _____; (3) Good _____; (2) Fair _____; (1) Poor _____

Comments: _____

Signature of Supervisor

Date

Please mail or email this form to:

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