



Center for International & Experiential Education
 % Mr. Kyle Danforth, Assistant Director
 309 E. Seminary St. ♦ Greencastle, IN 46135
 (765) 658-6004 ♦ (765) 658-4045 (fax)
 kyledanforth@depauw.edu

Host Confirmation Form

Please complete and return at the above detail.

Student Name: _____

In addition to working for your organization, your intern will be enrolled in a non-credit course at DePauw University during the summer months. A member of the faculty has agreed to sponsor your intern in developing an academic component for the internship, for the purpose of connecting this real world experience with the student's chosen field of study at DePauw in an intentional and goal-specific manner. The internship experience will appear on the student's University transcript.

The faculty sponsor assists the student in developing learning objectives for the internship, specifying preparatory and reporting requirements, serving as a point of communication with the your organization, and evaluating assignments at the internship's conclusion. Please expect to be contacted by your intern's faculty sponsor for progress updates throughout the summer.

To maximize the experience for your intern, please observe these basic criteria for the internship:

- The student must work 35-40 hours per week for a minimum of six weeks, accumulating at least 200 hours in total.
- The student should be given an appropriate amount of responsibility to warrant receiving academic credit (i.e., clerical tasks should be kept to a minimum).
- The student must be adequately informed of *your* expectations (professional, behavioral, cultural, etc.) from the outset; please include your intern in all appropriate orientation offerings.
- The student should be given adequate supervision and mentoring throughout the internship.
- An exit interview is required, through which you provide the intern with written and oral feedback regarding her/his on-site performance. Your intern will provide a worksheet to assist this exercise.

I. CONTACT INFORMATION (To be completed by the Host Supervisor)

Host Organization			
Host Supervisor Mr. Mrs. Ms. Dr.		Title of Host Supervisor	
Address			
City		State	Zip
			Country
Phone		Fax	Host Supervisor Email
Website			

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II. INTERNSHIP DESCRIPTION

A. Please detail the work project(s) to which the student might be assigned during the internship.

B. Please outline the type of responsibilities the student might have during the internship.

C. Please explain the supervision and mentoring the student will receive during the internship.

III. Work Schedule

A. Internship Start Date..... _____

B. Internship End Date..... _____

C. Projected work schedule (days/hrs)..... _____

SIGNATURE OF SUPERVISOR: _____ DATE: _____