DEPARTMENT OF ECONOMICS HUNTER COLLEGE

INTERNSHIP CONFIRMATION FORM

Student Name:	
Address:	Student ID:
	Phone:
	E-Mail:
Anticipated Number of Credits: 1	Major:
Anticipated Graduation Date:	
Host Organization:	
Host: Department:	
Host Address:	Supervisor Name:
	Title:
	E-Mail:
Starting Date:	Ending Date:
Intern Schedule (Please be specific):	
By signing this form, I acknowledge my agreement with the terms and conditions of this internship as described in the accompanying documents.	
Student Signature	Date:
Internship Coordinator's Signature	

Please return this form to <u>Vivette.Ancona@hunter.cuny.edu</u>, Internship Advisor, Department of Economics.