



CONNECTICUT COLLEGE

Office of Career Enhancing Life Skills

270 Mohegan Avenue, New London, CT 06320-4196

Phone: 860-439-2004 Fax: 860-439-2280 Email: cmter@conncoll.edu

Summer Internship Sponsor Confirmation Form

We appreciate your willingness to sponsor a summer internship for a Connecticut College student. Please complete the information below and mail, fax (860-439-2280) or email Christine Terry (cmter@conncoll.edu) at the Office of Career Enhancing Life Skills as soon as possible. Please feel free to contact us with any questions or comments. *Deborah V. Dreher, Director, Funded Internships*

Student Name: _____ **CELS Counselor:** _____

Organization Name: _____

Organization Address: _____

Organization Type _____ Intern's Job Title _____

Phone Number: _____ Fax: _____

URL _____

Internship Supervisor: _____

Supervisor's Email _____

*****Please be aware that your intern, in accordance of the Connecticut College Honor Code, is obligated to report to the College any monetary remuneration received from you and/or hours not completed. It will be considered in violation of the Honor Code if he/she does not accurately disclose compensation received and/or hours completed. Students must complete 320 hours to be eligible for the stipend.** The questions below constitute your official disclosure of the compensation you intend to provide and the hours to be completed. Should this compensation either increase or decrease or the number of hours change, we ask that you immediately inform the intern and contact the Director of the Connecticut College Internship Program, Deborah Dreher (860-439-2774) to report the change.

Length of Internship (number of weeks and hours per day) _____

Please note: Interns are required to work 320 hours

Does your organization provide a stipend (i.e., wages)? _____

If yes, approximate amount _____

Please give a brief description of the intern's duties (*you may attach a separate document*)

Please describe the type of supervision the intern will receive: _____

CC Alum Yes No ___ Year Parent Yes No ___ Year First Time Sponsoring a CC Student Intern Yes No

Supervisor's Signature

Date