

digitalmedia

Internship Completion Form

Name: _____ GTID: _____ Date: _____

Sponsoring Organization: _____ Supervisor (Name): _____

Supervisor Title: _____ Supervisor E-Mail: _____

Supervisor Phone Number: _____

Period of Internship: _____ Rate of pay: _____

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Student's summary of work experience:

Supervisor's Comments:

Student Signature

Date

Director of Graduate Studies Signature

Date