Supervised Research

The faculty member who will supervise your research must sign the acknowledgement below. Please print legibly.

School and Department: _______________________________________________________________

Name and title of faculty member: _____________________________________________________

Title of project: ______________________________________________________________________

Email: _________________________________ Phone: (___) ___________

Internship

A representative (preferably your supervisor) from the organization with which you plan to perform your internship must fill out and sign the acknowledgement below. Please print legibly.

Organization / Department: ____________________________________________________________

Name of supervisor: _________________________________________________________________

Title: ______________________________________________________________________________

Email: _________________________________ Phone: (___) ___________

I hereby certify that ________________________________________________________________ has been selected to undertake work with this organization and that this will be an UNPAID internship.

This work will begin on: ______________ and end on: _________________________________

Work will be done (indicate days/week): __________________ for (indicate hours/day): ______________

If this is an unpaid internship opportunity I verify that it is compliant with the US Department of Labor criteria set forth under the Fair Labor Standards Act (FLSA.) (Additional information about the FLSA can be found at http://www.dol.gov/whd/regs/compliance/whdfs71.htm).

Does this opportunity offer a stipend or other form of compensation? (circle one) yes no

If yes, please state the amount or type of compensation: _________________________________

Signature of supervisor: __________________________________________________________________

Date: _________________________________