



# Internship Acceptance

Student Name: \_\_\_\_\_ Student Email: \_\_\_\_\_

Student Phone(s): \_\_\_\_\_

Semester of Internship \_\_\_\_ Fall/Term \_\_\_\_ Spring/Term \_\_\_\_ Summer/Term

I have been offered an Internship with the following approved agency:

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Title: \_\_\_\_\_

Supervisor Address: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Briefly describe your internship: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Upon accepting an internship from this agency, I will immediately notify the Internship Coordinator by forwarding this completed form by email and formally withdrawing my application from other agencies. The agency I will be interning with has received and understands the FSU internship policies and procedures (Min. 12 weeks/480 hrs; mid & final evaluations; special project; etc.)

\_\_\_\_\_  
Student Signature \_\_\_\_\_  
Date

Are you being paid or compensated for this internship? \_\_\_\_ Yes \_\_\_\_ No

If yes, how much? \_\_\_\_\_

Are there any other interns working with this agency during this semester? \_\_\_\_ Yes \_\_\_\_ No

If yes, how many? \_\_\_\_\_