

Center for Leadership Education
W. P. Carey Program in Entrepreneurship & Management

**STATEMENT OF UNDERSTANDING:
Internship Hours**

All interns must complete this form prior to starting work. It should be signed by the intern and his/her direct supervisor (the individual for whom the student will be working, not the Human Resources Manager). Please return the completed form to cle@jhu.edu or to 105 Whitehead Hall *prior to the student's first day of work.*

I, _____ (student's full name, printed), am committing to work for a total of _____ hours during the _____ semester for _____ (name of company), under the direct supervision of _____ (supervisor's name) in order to be eligible to earn one (1) academic credit. Failure to complete the total number of hours will result in no academic credit for the internship.

Student's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Supervisor's Name: _____ Firm: _____
(please print)

Supervisor's email and/or phone number: _____