

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 to Emily Myrick in 105 Whitehead Hall *prior to the student's first day of work.*

I, \_\_\_\_\_ (*student's full name, printed*), am committing to working for a total of \_\_\_\_\_ (*at least 40*) 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 not receiving academic credit for the internship and an Unsatisfactory grade (U).

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ (*please print*)

Company: \_\_\_\_\_

Supervisor's email: \_\_\_\_\_

Supervisor's phone number: \_\_\_\_\_