

## Confirmation Letter / Employer Internship Request

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701 N Econlockhatchee Trail | Orlando, Florida | 32825

Dear Employer,

Please complete this form and email or fax to the East Campus Internship and Workforce Services Office. The following student will receive credit for the internship experience with your company.

Date: \_\_\_\_\_ Student Name: \_\_\_\_\_

### Company Contact Information

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

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Supervisor's Title: \_\_\_\_\_

### Internship Position Details

Internship Job Title: \_\_\_\_\_ Number of Openings: \_\_\_\_\_

Start Date: \_\_\_\_\_ Approximate End Date: \_\_\_\_\_ Hrs/Wk: \_\_\_\_\_ Wages/Hr: \_\_\_\_\_

Please list the specific skills required for this internship:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Please list specific duties the student will learn to perform:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Your signature confirms your acceptance of the above-named student as an intern with your company and your agreement to comply with the terms of the Internship Program as outlined in the Memo of Understanding (<http://valenciacollege.edu/internship/employers/mou.cfm>).

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

#### Official Use Only

Date: \_\_\_\_\_

Program Code: \_\_\_\_\_

Term Registered: \_\_\_\_\_

Position Number: \_\_\_\_\_

Initialed: