



Confirmation Letter / Employer Internship Request

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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	Initialed:
Date: _____	
Program Code: _____	
Term Registered: _____	
Position Number: _____	