

**University of Wisconsin Milwaukee  
Department of History  
Verification of Internship**

**TO BE COMPLETED BY STUDENT**

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

Contact information (E-mail/telephone number): \_\_\_\_\_

Number of Internship Credits: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

Do you have a disability which will require accommodations by the internship agency? YES NO

If YES, have you discussed this issue with the agency? YES NO

Are you presently registered with the Accessibility Resource Center? YES NO

**TO BE COMPLETED BY AGENCY SUPERVISOR**

Name and Address of Agency or Organization: \_\_\_\_\_

\_\_\_\_\_

Name of Supervisor(s): \_\_\_\_\_

Supervisor/Agency contact information: \_\_\_\_\_

Briefly describe the roles, responsibilities, and functions that the student will perform as an Intern in your agency or organization.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What types of training, coaching and supervision will the student receive as part of his/her internship?

\_\_\_\_\_

\_\_\_\_\_

How is the student going to be evaluated by the agency?

\_\_\_\_\_

\_\_\_\_\_  
Signature of Agency Supervisor

\_\_\_\_\_  
Date