

**DEPARTMENT OF SOCIAL AND CULTURAL SCIENCES
MARQUETTE UNIVERSITY**

Internship Confirmation Form

Student: _____ Date: _____

You are to contact the contact person at the agency listed below for a pre-placement interview.

At the conclusion of the interview if both parties agree, complete this form.

The completed form including all signatures must be on file with the MU internship coordinator by the last day of the Fall/Spring semester preceding the internship. Failure to complete this form or have it on file will result in the student being dropped from the internship.

Agency:

Address:

Agency Contact: _____

Phone: _____

E-mail: _____

Fax: _____

_____ (Agency) agrees to accept

_____ (Student) as an intern for

Fall/Spring semester of _____ (Year) beginning _____

Agency Contact Signature: _____ Date: _____

Student Signature: _____ Date: _____

MU Internship Coordinator: _____ Date: _____

A copy of this form will be faxed to the Agency Contact. This fax will serve as confirmation of the placement. If you have questions, please contact the Department of Social and Cultural Sciences at 414-288-6838.

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