



Upward Bound Math and Science
Internship Placement Verification Form

****INTERNSHIP SUPERVISOR COPY****

Student Name: _____

Business/Organization Name: _____

Supervisor Name & Title: _____

Email: _____

Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Intern Job Description:

Start Date: _____ End Date: _____

Hours:	Monday	Tuesday	Wednesday	Thursday	Friday
	_____	_____	_____	_____	_____

Student Signature

Date

Supervisor Signature

Date