

internship employer: \_\_\_\_\_

Name of internship supervisor: \_\_\_\_\_

i. Supervisor's e-mail: \_\_\_\_\_

ii. Supervisor's telephone: \_\_\_\_\_

Student's Job title: \_\_\_\_\_

Dates of student's Internship: From: \_\_\_\_\_

Salary offered to student (if any): \_\_\_\_\_

Hours per week: \_\_\_\_\_

Describe student's prospective job duties:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

We certify that:

1. The internship is directly related to the student's major.
2. We will cooperate with Skidmore College in providing the student with the necessary supervision and training.
3. The internship will only start after the student has received authorization from the college's Curricular Practical Training (CPT) office. The dates authorized on the student's I-20.

4. If the internship is paid the student will receive a form W-2 at the end of the year.
5. The student will not be issued IRS Form 1099 for any employment.
6. If the internship is to be extended beyond the dates authorized on the I-20, we will require the student to obtain a new I-20 extending the CPT from Skidmore officials at least 14 days in advance.
7. If required, we will provide student a written offer on an official letterhead.

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(Please sign above)

Name of signatory: