



Department of Business Administration

EMPLOYER CONFIRMATION FORM

(For Business Internships)

This is to confirm that _____ has obtained an internship with _____, working _____ hours per week for _____ weeks (student must complete at least 150 internship hours). This internship will start on _____ and end on _____.

We need confirmation that you have obtained a business internship. Please have your supervisor fill in this form and return it to the Department of Business Administration, at bsba@kutztown.edu.

(PLEASE PRINT)

1. Internship Position/Title: _____

2. Internship Supervisor: _____

Address: _____

Phone: _____ E-mail: _____

Signature: _____

3. Company Website: _____

- **Please return this form to the student so it can be turned in with the completed packet.**
- **Alternatively, an email containing all of the above information can be sent by the supervisor from the company's official email to the student for submission as part of the packet.**
- **If your company is not on the Kutztown Internship Agreement Listing, Kutztown University will contact you to help your company be included on the listing.**