

# Carnegie Mellon University

## Office of the Vice Provost for Education

### Summer 2024 Internship Employer Verification Form UNDERGRADUATES ONLY

**Employers:** This form is to verify that the student named below will be completing an **unpaid internship** with your organization for **Summer 2024**. This also acknowledges that the internship will be educational in nature and will be supervised throughout its duration. The internship will complement the student's studies at Carnegie Mellon in a related major or minor.

This form must be completed before the student begins his/her internship! In order to be registered for Summer 2024, please return this completed form to Korryn Mozisek via email ([kmozisek@andrew.cmu.edu](mailto:kmozisek@andrew.cmu.edu)) before May 10, 2024. If you have any questions, please reach out to Korryn. Thank you.

Name of Carnegie Mellon Student: \_\_\_\_\_

Student's Email address: \_\_\_\_\_

Is the student working for an EXTERNAL organization or an INTERNAL CMU faculty member?

*External organization* \_\_\_\_\_ *Internal CMU Lab* \_\_\_\_\_

Name of Organization or CMU Faculty/Lab: \_\_\_\_\_

Internship Supervisor's Name: \_\_\_\_\_

Internship Supervisor's Phone: (     ) \_\_\_\_\_ Email: \_\_\_\_\_

Department: \_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_

Briefly describe intern's duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Length of Internship: Start Date \_\_\_\_\_ End Date \_\_\_\_\_

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

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Oversight provided by the Office of the Vice Provost for Education.*

Korryn D. Mozisek  
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