CLARK ATLANTA UNIVERSITY
CFAS 480 INTERNSHIP
SEMESTER/YEAR: Fall 2026

Select drop down option (left) **OR** enter semester and year manually (right) _____

INTERNSHIP APPROVAL FORM

(BY INTERN AND INTERNSHIP SUPERVISOR) Updated for Fall 2026 **ALL FIELDS ARE REQUIRED**

PART 1: Approval of INTERNSHIP SUPERVISOR. I agree to supervise the student below, to expose the student to resources and practices needed to complete a successful internship experience as outlined in the ***Guidelines for Internship Supervisors*** (provided by the student intern) and to evaluate the student in a timely and fair manner using evaluations provided by the Internship Coordinator.

ALL FIELDS ARE REQUIRED. PLEASE DO NOT ALLOW THE STUDENT INTERN TO COMPLETE THIS PORTION ON YOUR BEHALF.

Name (Print): _____ Title: _____

Internship location/business address (**DO NOT LEAVE BLANK even if the internship is remote**):

_____

This internship is: ☐ In-Person ☐ Virtual ☐ Hybrid - **CHECK ONE ONLY**

Business Name: _____ Phone: _____

Business email (**forms with invalid emails will not be approved (see below**):

_____

Email address provided must include business domain (e.g [email]@[businessdomain.com] OR be visible on business' official website and/or social media to be approved as valid.

I also authorize_____ **(full name AND business email)** to complete subsequent internship forms and/or paperwork intended for Internship Supervisors on my behalf. **Put "N/A" if not applicable.** ***This person CAN NOT be the intern or someone in a similar internship/ entry-level role.***

Signature: _____ Date: _____

PART 2: Approval of STUDENT (INTERN). I have secured a valid and eligible internship under the supervision of the Internship Supervisor above. I agree to complete my internship with professionalism based on the Guidelines for Interns (which I have reviewed) and to provide my Internship Supervisor with high quality work performance. **ALL FIELDS ARE REQUIRED.**

Name (Print): _____ Student ID#: _____

Phone (Cell): _____ Student email: _____@students.cau.edu

Signature: _____Date: _____

ALL SIGNATURES MUST BE SIGNED EITHER BY **HAND, DIGITALLY (USING A DIGITAL PEN/STYLUS, APPLE PENCIL OR FINGER) OR VIA DOCUSIGN**.
TYPED SIGNATURES (USING COMPUTER FONTS) WILL NOT BE ACCEPTED.