

CLARK ATLANTA UNIVERSITY  
CFAS 480 INTERNSHIP  
SEMESTER/YEAR:

Select drop down option  
(left) or enter semester  
and year manually (right)

**INTERNSHIP APPROVAL FORM**  
(BY INTERN, INTERNSHIP SUPERVISOR AND INTERNSHIP COORDINATOR)

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1. **Approval of student.** I agree to complete my internship with utmost professionalism and to provide my employer with high quality work performance.

Name (Print): \_\_\_\_\_ Student ID#: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. **Approval of internship employer/supervisor.** I agree to supervise this student, to expose this student to information sources needed to complete a successful internship experience as outlined in the **Internship Guidelines for Cooperating Employers/Supervisors** (which I received from the student), and to evaluate this student's work performance in a timely manner.

Name (Print): \_\_\_\_\_

Title: \_\_\_\_\_ Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Business email\*: \_\_\_\_\_

*\*Email address provided must include business domain (e.g [email]@[businessdomain.com] OR be visible on business' official website and/or social media. For security purposes, please communicate email address changes/updates via this email.*

Internship location address (if remote or online internship, please check the box and provide your business/freelance location address instead ):

\_\_\_\_\_  
I also authorize \_\_\_\_\_ **(not Intern)** to complete subsequent internship forms for Internship Supervisors on my behalf. **Please enter N/A if not applicable.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3. **Approval of CAU Internship Coordinator.** I approve the placement above.

Name: NDIRIKA EKUMA-NKAMA Title: ASSOCIATE PROFESSOR OF FASHION  
Phone: 404.880.8115 Email: NEKUMA@CAU.EDU

Signature: \_\_\_\_\_ Date: \_\_\_\_\_