

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 AND INTERNSHIP SUPERVISOR) Updated for Spring 2026

1. **Approval of STUDENT (INTERN).** I have secured a valid and eligible internship under the supervision of the Internship Supervisor below. 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: _____

2. **Approval of INTERNSHIP SUPERVISOR.** I agree to supervise the student above, to expose the student to resources and practices needed to complete a successful internship experience as outlined in the **Guidelines for Internship Supervisors** (which I received from the student), and to evaluate the student's performance in a timely manner as indicated 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 address (**see below***):

**If the internship is remote, please check the box and provide your business/freelance location or address listed on your business license instead*

Business Name: _____ Phone: _____

Business email (**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.*

I also authorize*** _____ **(full name and business email)** to complete subsequent internship forms and/or paperwork intended for Internship Supervisors on my behalf.

****This person cannot be the intern or someone in a similar internship/entry-level role. Please enter "N/A" if not applicable.*

Signature: _____ Date: _____