Eastern Florida STATE COLLEGE
Career Services

SITE CONFIRMATION

****This form must be completed and returned to the Internship Office prior to recording any Hours.**

STUDENT SECTION

Student Name: _____

Term: _____

StudentB#: _____

Telephone: _____

Course: _____

Instructor: _____

RequiredHours: _____

_____ _____

Student Signature Date

LOCATION SECTION

Site Name: _____

Site Supervisor and Title: _____

Address: _____

Email: _____

Telephone: _____

Start Date: _____

_____ _____

Site Supervisor Signature Date