

Supervisor Confirmation Form

This form is to be completed by the Supervisor.

Download and **complete all sections** in the fillable PDF using **Adobe Acrobat**.

Information

Name of Company/Organization _____

Address _____

Name of Supervisor _____ Phone No. _____

Supervisor Job Title _____ Email _____

Are you a RIT alumna? Yes No Class Year _____

Student Name _____

Start Date _____ End Date _____ Hours Per Week _____

I certify that this career-related experience is entirely **unpaid**. The student will not receive compensation of any kind for work completed for this organization:

Yes No If no, please indicated the amount the student will be compensated: \$ _____

Supervisor's Signature

Date

Email completed form to: caddeansoffice@rit.edu