CERTIFICATION OF INTERNSHIP DUTIES FORM
(To Be Completed by the Agency Supervisor)

Complete this form only if the intern is regularly employed by your organization.
Please complete and sign form before internship commences and then return form to Internship Coordinator.

As an employee of _____, _____'s
name of company/organization **name of intern**

customary compensated job duties are/were: _____

_____

_____

_____

_____

Listed below are the specific new duties to be completed by the student intern between _____, and _____ to fulfill the requirements
beginning month/date **ending month/date**
of the internship contract with the University of Memphis.

_____

_____

_____

_____

_____

_____ _____
signature of site supervisor **date**