



Post Office Box 3028
Orlando, FL 32801
407-582-1864

CONFIRMATION LETTER/EMPLOYER INTERNSHIP REQUEST
**** (PLEASE FILL OUT A SEPARATE FORM FOR EACH STUDENT)****

PLEASE FAX ASAP TO: 407-582-1864

Attn: Carmen Diaz

Date _____

Position # _____

Re: Student's Name _____

Term Registered _____

Program Code _____

Dear Employer:

(OFFICAL USE ONLY)

Thank you for your participation in the Internship Program at Valencia Community College. We understand that the above student will be interning with you this term we need the following information for our records.

Please complete and return all forms within 2 weeks from the date of this letter to fax number 407-582-1864, including the Memo of Understanding.

Company Name:		
Company Address: City/State/Zip:		
Start Date: Approx. End Date:	# Of Openings:	Hours per week: (min. 10 hrs/wk)
Supervisor's Name: Supervisor's Title:		Phone No:
Supervisor's email:		Fax No:
Internship Job Title:		Wages/hour:

Please list the specific skills that are needed

Please list specific duties required of the student (s)

1.	1.
2.	2.
3.	3.
4.	4.

Will this internship position be for this student only? Yes or No Or Ongoing? Yes or No

If ongoing, please indicate **specific program area** _____ and complete the following:

Number of openings:	Days per week:
Resume Required before interview:	May student contact you before interview:

Indicate which terms you would need an intern: August-December _____, January-April _____, May-August _____, Other _____.

Employer acknowledges receipt of the Internship Memo of Understanding.

Sincerely,

Barbara Frazier, Managing Director
Internship and Placement Office
Rev. 12-07

Employer's Signature