Tulane University School of Liberal Arts
Strategy, Leadership, & Analytics Minor (SLAM)
Student Internship Certification

Please complete this form and have your internship supervisor review and sign it. The student can fill out the top half on behalf of the supervisor, but the supervisor should initial and sign below. Students must submit this form with their request to enroll in SLAM 4560 (Internship).

Student Name	
Tulane ID Number	
Tulane Email	
Semester of Internship	☐ Fall ☐ Spring ☐ Summer **Year:** _____
Organization	
Internship Supervisor	
Internship Supervisor Email	
Internship Supervisor Phone Number	

Supervisor, thank you for your willingness to support one of our students! Please initial the following statements in agreement:

____ I understand that the internship must provide meaningful professional experience that supports the student's development. Internship responsibilities should not include personal errands or unrelated tasks.

____ I agree to provide appropriate supervision throughout the internship and to serve as the student's primary point of contact regarding their internship responsibilities and performance.

____ I understand that internship responsibilities cannot interfere with the student's regularly scheduled classes.

____ The student and I have discussed the internship's responsibilities, anticipated work schedule, work arrangement (in person, remote, or hybrid), and other relevant expectations.

____ Compensation, including whether the internship is paid or unpaid, has been discussed and agreed upon with the student prior to the start of the internship.

____ I agree to provide a professional work environment that supports the student's safety and well-being and to communicate promptly with the student if any concerns arise.

____ I understand that I may be contacted during the semester to verify the student's participation or discuss the student's progress.

____ I agree to complete an end-of-internship evaluation assessing the student's performance, professional development, and successful completion of the internship.

Student Signature	Date	Internship Supervisor Signature	Date