

Employment Endorsement Form

Student's name _____ Semester, year _____

Name and address of the agency:

Tasks to be performed:

How much time (hours) per week is involved:

Nature of the client population:

Nature and extent of supervision:

Other information:

Student's signature _____

Advisor's signature _____

Supervisor's signature (if necessary) _____

This form is to be filled out in duplicate; one copy is kept by the advisor and the other copy is forwarded to the coordinator.