SPONSOR INFORMATION
(To be completed by the sponsor)

Sponsor/Supervisor Name ____________________________
Department ________________________________

Sponsor’s Organization & Mailing Address ______________

Title ________________________________
Email ________________________________
Phone ________________________________
Fax ________________________________

Profit ____  Non-Profit ____

Student Intern’s Name ________________________________

POSITION INFORMATION
(To be completed by the sponsor)

Position Title ______________________________
*Total Hours Per Week __________________________
*Duration/ Dates to Work ___/___/___ - ___/___/___

Student Compensation:
Compensation provided by organization not including REACH funds: $________________________

*Please discuss and agree upon hours and duration with your student intern. This section must be completed.

PLEASE READ AND SIGN BELOW:
To the best of my knowledge, all information was accurate on the date below.

______________________________  __________________________
Signature of Potential Sponsor  Date

Please submit this document to the Career Center (address and fax below).

University of Rochester
Gwen M. Greene Career and Internship Center
4-200 Dewey Hall • Rochester, NY 14627 • 585-275-2366 • 585-461-3093 (fax) • reach@mail.rochester.edu