



## Faculty Adviser Sign-Off Form

### To be completed by Faculty Adviser (or Concentration Faculty Adviser, if applicable)

Please complete form, **print to PDF**, save to your desktop, and email to student so they may upload it to their online application.

Student Name: \_\_\_\_\_  
  First  Middle  Last

### Faculty Adviser:

Please confirm that you have:

- Met with this student to discuss their summer internship plans and learning goals.
- Reviewed the student’s written statements.

### Comments (Optional):

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Type/Print Name: \_\_\_\_\_

Department/Concentration: \_\_\_\_\_