

FUSE Program Internship Confirmation Form

Purpose: This form verifies that the student named below has been offered an internship or other applied learning experience. The employer/organization should complete this form and share it with the student to be included in their FUSE application. An offer letter that contains the information below will also be accepted.

Instructions: Please complete all sections. If a question does not apply, write “N/A”.

Section A — Employer / Organization Details

Organization/Employer Name: _____

Organization Address (Street, City, State/Province, ZIP/Postal Code, Country):

Section B — Supervisor / Employer Contact Information

Supervisor Full Name: _____

Supervisor Title/Role: _____

Supervisor Email: _____

Supervisor Phone: _____

Section C — Student Information

Student Full Name: _____

Section D — Internship Details

Internship Title: _____

Internship Location (City, State/Province, Country): _____

Internship Start Date (MM/DD/YYYY): _____

Internship End Date (MM/DD/YYYY): _____

Expected Hours Per Week: _____

Total Expected Hours: _____

Compensation (select one):

Unpaid Paid (stipend) Amount: _____ Paid (hourly) Amount: _____

Other: _____

If unpaid, complete W&M's online [verification form](#) to certify that they have reviewed and will abide by the Department of Labor criteria established in the [FLSA](#).

Internship Modality (select one):

On-site Hybrid Remote

If Hybrid, include the student's anticipated work schedule below. Note when the student will be working on-site and remotely:

Section E — Verification & Authorization

Supervisor Name: _____

Supervisor Signature: _____

Date (MM/DD/YYYY): _____

Questions? Email internships@wm.edu