

Elliott School of International Affairs

THE GEORGE WASHINGTON UNIVERSITY

INTERNATIONAL INTERNSHIP GRANT APPLICATION

INTERNSHIP EMPLOYER/MENTOR CONFIRMATION

*Employers may submit this information on this form, as a letter, via
fax (202/994-7702), or via email (esiags@gwu.edu).
Regardless of method, the information below must be addressed by your employer.*

Student Name _____

Organization _____

Address _____

Phone _____ E-mail _____ Web Site _____

Internship Supervisor/Mentor and Title _____

Intern Work Location *[If different from above]* _____

Duration of Internship [# of weeks]

Begins *[day/month/year]* _____ Ends *[day/month/year]* _____ Hours per Week _____

Position and Task Description

Learning Objectives

Please list any benefits you may provide to the student

Signature of Supervisor

Date

Signature of Student

Date