



**INTERNSHIP  
GRADE FORM**

861 Bedford Road, Kessel Suite 200, Bedford, NY 10570  
Phone: (914) 773-3848 Fax: (914) 989-8637

**Please return all copies of this form to the Pforzheimer Honors College Office.**

\_\_\_\_\_  
**Name of Student**

\_\_\_\_\_  
**Student Email**

\_\_\_\_\_  
**Student U ID**

\_\_\_\_\_  
**Name and Title of Internship Supervisor**

\_\_\_\_\_  
**Name of Organization**

\_\_\_\_\_  
**Date**

\_\_\_\_\_

\_\_\_\_\_  
**Email of Supervisor**

\_\_\_\_\_  
**Address**

**Number of hours per week** \_\_\_\_\_

**Length of Internship (weeks)** \_\_\_\_\_

**Total of number of internship hours** \_\_\_\_\_

**Description of work completed by supervisor:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**Additional remarks concerning the student's performance:**

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\_\_\_\_\_  
**Signature of Supervisor**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Honors Director**

\_\_\_\_\_  
**Date**

<b><i>For office use only</i></b>	Form Received: ___/___/___
Approved for Honors Credit? YES NO Notes: _____	
Course Credit Recorded to Student's file? YES NO Initialed: _____	