Letter of Support from Agency

Student’s Name: ________________  ID# ________________  Email: ________________  
Agency: ________________  

Statement of Support from Agency Director
"I commit to ensuring that an appropriate environment for learning be provided, which includes time and opportunity to be involved in specific learning activities that are in accordance with the objectives of the Professional Field Experience curriculum."

______________________________  
Agency Director’s Name  

______________________________  
Agency Director’s Signature  Date  

Your signature on this page indicates that you reviewed the Employment based field application and are committed to ensuring the student’s internship meet all required parameters.

______________________________  
Field Instructor’s Name  

Field Instructor’s Signature  Date  

______________________________  
Task Supervisor’s Name  

Task Supervisor’s Signature  Date  

______________________________  
Employment Supervisor’s Name  

Employment Supervisor’s Signature  Date  

______________________________  
Intern Coordinator’s Name  

Intern Coordinator’s Signature  Date  

______________________________  
Student’s Name  

Student’s Signature  Date