

TERMINATION OF INTERNSHIP NOTICE

Intern Name: _____

Internship Site: _____

Site Supervisor: _____

Faculty Advisor: _____

The above-mentioned student has been terminated from the internship for the following reason(s):

This action will result in recommendation for:

Loss of stipend

No academic credit

Failing academic course

Other: _____

Site Supervisor Name (Print) Site Supervisor Signature Date

Intern Name (Print) Intern Signature Date

SFA Faculty Advisor Name (Print) SFA Faculty Advisor Signature Date