



Nelson A. Rockefeller Center at Dartmouth

Rockefeller Center Internship Funding Supervisor Acceptance Form

*Name of the intern for whom you are completing the form:

*Projected Start Date of the Internship (*Please enter date in mm/dd/yyyy format*)

*Projected End Date of the Internship (*Please enter date in mm/dd/yyyy format*)

*What type of organization are you?

*What Policy Sector will the Dartmouth intern's work focus on?

*Is your organization or agency a political campaign or lobbying organization?

Select Option(s)

()Yes ()No

*Is your organization a for-profit entity?

Select Option(s)

()Yes ()No

*Will this student be receiving compensation of any kind from your organization for duties performed during this internship? This may include, but is not limited to a wage, salary, stipend, or other compensatory benefit (e.g. metro pass).

Select Option(s)

()Yes ()No

If so, please explain what that compensation is:

*Signature of supervisor:
