



# SKIDMORE SUMMER EXPERIENCE FUND

## Summer 2026 Supervisor Verification Form

**Student Name:**

**Position Title:**

**Organization Name:**

**Supervisor Name:**

**Supervisor Phone:**

**Supervisor Email:**

**Start and End Date:**

**Hours per week:**

Skidmore College's Summer Funded Awards are granted on a competitive basis, to help students bridge the gap between their academic studies and career goals, by completing an unpaid internship, research experience, or community service or volunteer position. The awards were designed to provide opportunities for students participating in unpaid or limited-stipend activities over the summer to gain relevant experience in a field of study that they may wish to pursue after college.

Students will receive their award payment in early June, once they have submitted all of their required documentation, including this form. Supervisors will also be asked to complete a brief, final report, at the conclusion of the experience.

Please check this box to confirm you reviewed the "[primary beneficiary test](#)" and determined that the student is the primary beneficiary of this internship, and not an employee under the Fair Labor Standards Act (FLSA).

**INDEPENDENT PROJECT SUPERVISORS ONLY please verify the following:**

- I have reviewed the students Independent Project Proposal and timeline. (Students must submit a deliverable at the end of the experience.)
- I verify the student has sufficient knowledge, experience or expertise to suitably conduct the proposed Independent Project.
- I understand that a weekly check-in is required between supervisors and students.

I, \_\_\_\_\_, agree to oversee the student named above during the course of the internship, and to contact the SEF Coordinator (SEF@skidmore.edu) in The Career Development Center at Skidmore College, should a problem arise or if the internship is terminated for any reason during the course of the summer.

I fully understand the requirements of the Skidmore Summer Funded Internship Program and agree to all that is stipulated above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In the event that the student is not able to complete the required number of hours or the internship, please contact the SEF Coordinator, [SEF@skidmore.edu](mailto:SEF@skidmore.edu).