

COLUMBIA UNIVERSITY
IN THE CITY OF NEW YORK

ARNOLD A. SALTZMAN INSTITUTE OF WAR AND PEACE STUDIES
SCHOOL OF INTERNATIONAL AND PUBLIC AFFAIRS

Saltzman Institute Summer Internship Employment Verification Form

Student Name:

Internship organization:

Intern role:

Internship dates:

Hours per week of internship:

Internship compensation:

Supervisor Name:

Supervisor title:

Supervisor email:

Supervisor phone:

Supervisor signature: _____