

*This form needs to be returned as part of the student or team's complete application packet.
Only required for projects taking place off-site or internationally*

On-Site Supervisor Form – Application

Supervisor Name: _____

Supervisor Title: _____

School/Institution: _____

Supervisor Email: _____

I agree to supervise the work of _____ during the course of their Arnold P. Gold Foundation Student Summer Fellowship.

At the conclusion of the student's work, I will provide a letter to their faculty mentor describing the student's performance during the course of the Fellowship (covering such issues as the student's understanding of key issues related to subject matter, dedication to project goals, and interaction with patients).

Supervisor signature

date

Contact Information