

**RICHARDS COLLEGE OF BUSINESS**

**UNPAID INTERNSHIP VERIFICATION FOR EMPLOYERS**

All **'for-profit' employers** who are employing a student in an **unpaid internship** position are required to fill out the following questionnaire before the student can be registered for a course with internship credit in the Richards College of Business. This questionnaire is in accordance with the U.S. Dept. of Labor guidelines ([http://www.dol.gov/whd/regs/compliance/whdfs71.htm#.VIW2ayv2DG8\\_email](http://www.dol.gov/whd/regs/compliance/whdfs71.htm#.VIW2ayv2DG8_email)) for unpaid internships at 'for-profit' organizations.

**Q1. This internship, even though it includes actual operation of the facilities of this organization, is similar to training which would be given in an educational environment. \_\_\_ Yes \_\_\_ No**  
**If no, please explain.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Q2. This internship experience is for the benefit of the intern. \_\_\_Yes \_\_\_No. If no, please explain.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Q3. Do you verify that the intern does not displace regular employees, and that she/he works under close supervision of existing staff? \_\_\_ Yes \_\_\_ No. If no, please explain.**  
\_\_\_\_\_  
\_\_\_\_\_

**Q4. Is it fair to say that your firm is providing training to the intern; will derive no immediate advantage from the activities of the intern; and on occasion your firm's activities might actually be impeded? \_\_\_ Yes \_\_\_ No. If no, please explain.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Q5. Have you made it clear to the intern that he/she is not necessarily entitled to a job at the conclusion of the internship? \_\_\_ Yes \_\_\_ No. If no, please explain.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Q6. Have you made it clear to the intern that he/she is not entitled to wages for the time spent in the internship? \_\_\_ Yes \_\_\_ No. If no, please explain.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student Intern Name:** \_\_\_\_\_ **Internship Dates:** \_\_\_\_\_

**Employing Organization Name:** \_\_\_\_\_

**Approving Official Name and Title:** \_\_\_\_\_

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