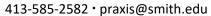
Smith College Lazarus Center for Career Development





Student Name:

Faculty Advisor Sign-Off Form

To be completed by Faculty Advisor

Please complete form, **print to PDF**, save to your desktop, and email to student so they may upload it to their online application.

First	Middle	Last
Liberal Arts/ Major Adviser	:	
Please confirm that you have:		
☐ Met with this student to discu	uss their summer internship plans and le	arning goals.
☐ Reviewed the student's writte	en statements.	
Comments (Optional):		
Faculty Signature:		Date:
Type/Print Name:		
Department:		