

*Colby College  
Experience Certification*

Colby Student Name: \_\_\_\_\_

Hosting Institution: \_\_\_\_\_

Address of Hosting Institution Work Site: \_\_\_\_\_

Hosting Institution Supervisor Name: \_\_\_\_\_

<i>Hosting</i>	<i>Supervisor</i>	<i>Phone/E-mail</i>	<i>Address:</i>
_____			

Student Experience/Position: \_\_\_\_\_

Anticipated Dates of Experience: \_\_\_\_\_

*Supervisor Certification*

Due to the ongoing COVID-19 pandemic, Colby College is requiring completion of the following certification prior to awarding funding in support of the Student's summer experience. By signing below, you are certifying to the following:

- The student experience identified above is planned to go forward as indicated.
- The experience identified above is proceeding as follows:

*(please check one)*

- 100% remote, with no in-person Student attendance or participation; or
- With some form of in-person Student attendance or participation.

- If the Student experience identified above includes some form of in-person attendance or participation, the hosting institution is committed to following all applicable governmental directives and following best practices for maintaining a safe working environment in response to the COVID-19 pandemic.
- I give permission for Colby College to contact me to discuss this certification and the Student's experience.

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Supervisor Signature

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Date