Organization Letter Head

DATE

SUPERVISOR NAME
SUPERVISOR TITLE

ORGANIZATION NAME

ORGANIZATION ADDRESS

To Whom It May Concern,

STUDENT NAME has secured an INTERNSHIP/RESEARCH ASSISTANTSHIP with ORGANIZATION NAME. ORGANIZATION NAME is based in CITY, STATE/COUNTRY. SUPERVISOR NAME will be the supervisor. STUDENT NAME will intern from MM/DD/YYYY to MM/DD/YYYY. The internship/research assistantship will be FORMAT (virtual/hybrid/in-person). STUDENT NAME will work X hours per week. STUDENT NAME will be unpaid/paid $X for the summer.

SUPERVISOR NAME can be reached via email at SUPERVISOR EMAIL.

Sincerely,

SUPERVISOR NAME

SUPERVISOR TITLE