



Non-Dartmouth College Student Internship Stipend Authorization Form

Please complete this form and attach it to your [Payment Request eForm](#). Select "Other", then "Other Payment". The payment will be processed through Accounts Payable

CRITERIA FOR ESTABLISHMENT OF STUDENT INTERNSHIP

1. The internship training, even though it includes the faculty, staff and facilities of Dartmouth College, is directly tied to the student's primary educational effort;
2. The training is for the benefit of the student intern;
3. The intern does not displace regular employees, and works under close observation;
4. Dartmouth College derives no immediate advantage from the activities of the intern;
5. The intern is not entitled to a job at the completion of the internship training; and
6. Dartmouth College and the intern understand that the intern is not entitled to wages for the time spent in training.

1. STUDENT INTERN *To be completed by the student prior to the start of their internship.*

Name _____ Name of Home Institution _____

I certify that I am an enrolled student at the school listed above, and I acknowledge that my training with Dartmouth College meets each of the six criteria listed above.

Signature _____ Date _____

**Please note: There may be tax implications of the student internship stipend you will receive. Please refer to IRS publication <http://www.irs.gov/pub/irs-pdf/p970.pdf> (Tax Benefits for Education).*

2. DEPARTMENT *To be completed by the department and attached to the completed Payment Request eForm. If the intern needs systems access, e-mail, etc., please contact your computing representative.*

Department _____ Internship Position _____

I certify that the educational enrollment of this student intern was verified, and that this student intern meets each of the six criteria listed above.

Supervisor
Name _____ Signature _____ Date _____

Department
Head Name _____ Signature _____ Date _____