



## INTERNSHIP CREDIT VERIFICATION FORM

### STUDENT INFORMATION (to be completed by student)

Intern's Name (Last, First, M.I.)	Today's Date
Internship Position	Internship Location
Internship Duties	
Internship Supervisor Name and Job Title	Anticipated Internship Hours

### COLLEGE/UNIVERSITY INFORMATION (to be completed by Academic Advisor)

Is the student in good academic standing as defined by the school?  ___ Yes ___ No	Did the student register to receive academic credit for an internship?  ___ Yes ___ No
Name and address of college/university internship is for:	Faculty Advisor Name:  Faculty Advisor's Phone Number:  Faculty Advisor's Email Address:
Highest Year Completed:  <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior	Student's Major Area of Concentration:

I certify that \_\_\_\_\_ is a student enrolled at the College/University stated above and is in good academic standing. The duties to be performed and scheduled hours of work for the internship described above are approved as appropriate for internship credit for the course of study or training that he/she is pursuing.

\_\_\_\_\_  
Faculty Advisor Signature

\_\_\_\_\_  
Date