

Internship Completion Verification

Please complete this form and return it to the instructor of record for your internship. Thank you.

_____ **has completed the required 150 hours (or 50 hours per credit taken) for internship credit and the activities outlined in the work plan.**

Semester _____ **Year** _____

Student Signature (Verifies hours and activities, your signature is trusted and honored.)

Mentor/Professional Colleague Signature (Signature indicates that you have worked with the student and he or she has been thoughtful and responsible in carrying out appropriate activities. It does not signify verification of hours.)