



INTERNSHIP COMPLETION CERTIFICATION

(Please type or print clearly)

Student Name: _____ C-number #: _____

Internship Start Date: _____ Completion Date: _____

Academic Program: -GHS -LAS -MAIA -MALS -MSDS -Other

INTERNSHIP SITE INFORMATION:

Organization Name: _____

Address: _____

Telephone: _____

Fax #: _____

E-Mail: _____

Internship Site Supervisor's Name: _____

Internship Site Supervisor's Title: _____

INTERNSHIP CERTIFICATION: I certify that the above student has satisfactorily completed all the duties and responsibilities as covered in the Internship contract.

Internship Site Supervisor

Date:

Assistant Dean, College of Arts & Sciences

Date:

Faculty Advisor

Date: