



Internship Completion Report Form

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To be submitted to the Records Office upon completion of all internship requirements.

Student Name: _____ UC ID#: _____

I am verifying completion of all internship requirements for the following program:

Major: _____ Emphasis: _____

Name of Host Organization	Supervisor Report Submitted	Verified Clock Hours Worked
	Date: _____	
	Date: _____	
	Date: _____	
	Total Hours:	
Student Report Submitted to Program Director:	Date: _____	

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SIGNATURES:

Student Print: _____ Signature: _____ Date: _____

Internship Coord. Print: _____ Signature: _____ Date: _____

Advisor Print: _____ Signature: _____ Date: _____

Program Dir. Print: _____ Signature: _____ Date: _____

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Records Only:

Completed By: _____ Date: _____

Union College Records Office | Dick Building 507 | 3800 S 48th Street, Lincoln, NE 68506
Phone: (402) 486-2529 | records@ucollege.edu

v072023