

# Internship Completion Report Form

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

Student Name: \_\_\_\_\_ Union 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: _____	
	<b>Total Hours:</b>	
Student Report Submitted to Program Director:	Date: _____	

## SIGNATURES:

Student Print: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Internship Coord. Print: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Print: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Dir. Print: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Records Only:*

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_