



(Please type or print clearly)

Student Name: _____ C-number #: _____

Internship Start Date: _____ Completion Date: _____ Term/Year: _____

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

INTERNSHIP SITE INFORMATION:

Organization Name: _____

Address: _____

Telephone: _____

Email: _____

Organization/Company web address:

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.

Once your internship supervisor signs, please send this document to Jeanne Luis Interim Director – jluis@miami.edu. She will sign it and email it to your Faculty Director so that a grade may be posted for your internship course.

Internship Site Supervisor

Date:

Assistant Dean, College of Arts & Sciences

Date:

Faculty Director

Date: