
STUDENT-INTERN INFORMATION

GIVEN NAME(S): _____ **FAMILY NAME:** _____

DATE OF BIRTH: _____

DEGREE IN PROGRESS: _____

MAJOR: _____ **EXP. GRADUATION DATE:** _____

INSTITUTION INFORMATION

NAME OF INSTITUTION: _____

ADDRESS: _____

By signing below, you certify:

- ✓ *Your institution facilitates a curriculum at the post-secondary level.*
- ✓ *The above-named student is currently in good academic standing with your institution.*
- ✓ *After the student completes his/her internship program at the University of Missouri-Kansas City, s/he will return to your institution to complete his/her degree.*
- ✓ *The student internship program at the University of Missouri-Kansas City will fulfill educational objectives for the student's current degree program at your institution.*
- ✓ *Your institution approves of the student's employment/internship as associated with the internship program at the University of Missouri-Kansas City.*

Signature of Home Institution's Dean or Academic Advisor

Date

Printed Name of Dean or Academic Advisor

Title

Email Address

Phone Number