

CERTIFICATE OF PARTICIPATION

MEMORANDUM

TO: Sheri P. Austin
Office of Academic Affairs
233 Tigert Hall
PO Box 113175

FROM: _____

SUBJECT: Certification of Participation
Please issue one (1) Certificate of Participation to the individual below for his/her participation in intern education program(s).

Name: _____

Soc. Sec. # _____

School / Agency Employed: _____

Program: _____

Student's Name: _____

Dates: From _____ to _____

FOR DEPARTMENT OR COLLEGE USE:

Names of Participants Supervised	Contact Hours	Inclusive Dates of Supervision
_____ /	_____ /	_____ /
_____ /	_____ /	_____ /
_____ /	_____ /	_____ /
_____ /	_____ /	_____ /
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