Internship Completion Verification

Intern Name:	
Internship Position / Title:	
Company / Organization:	
Department (if applicable):	
Internship Start Date:	
Internship End Date:	
Total Hours Completed:	
Summary of Responsibilities / Tasks:	
Supervisor's Name & Title:	
Supervisor's Email / Contact:	
	Intern Signature & Date
	Supervisor Signature & Date