

Date Rec'd: \_\_\_\_\_

By: \_\_\_\_\_

# THE SHRIVER CENTER

Name: \_\_\_\_\_ Major: \_\_\_\_\_

Organization: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## SEMESTER

Fall

Spring

Summer

## YEAR

20 \_\_\_\_\_

Week of:	# of Hours

Week of:	# of Hours

**TOTAL NUMBER OF HOURS WORKED AT PLACEMENT:**

**\*\*Important: Students must complete a minimum of 120 hours per semester. Non-Paid interns should not exceed 150 hours per semester.**

I certify that I worked the hours as indicated above

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