



Professional Experience Verification Form Life + Career Design Scholarship

NAME:

DATE:

SUBJECT: Professional experience verification

This form is to verify how the planned professional experience will meet the requirements of the Life + Career Design Scholarship that the student named above has been conditionally awarded.

- The professional experience will consist of at least 15 hours per week for at least 5 weeks.
The student and supervisor will determine a mutually agreed upon schedule.

Title of Professional Experience:

Supervisor for Experience:

Work Plan: Start Date _____ End Date _____ Hours/week _____

- List the responsibilities associated with this experience:

- List 2-3 goals for this professional experience

Student Signature

Date

SUPERVISOR: is this a paid internship? no yes

If paid, please indicate remuneration \$ _____

Supervisor Signature

Date