



University of Illinois at Urbana-Champaign
 College of Liberal Arts & Sciences
 2040 Lincoln Hall
 702 South Wright Street
 Urbana, IL 61801-3631

**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 :

- Summer experience: 5 weeks, minimum 15 hours/week
- Fall or Spring experience: 10 weeks, minimum 5 hours/week

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** _____