



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: 6 weeks, minimum 15 hours/week
- Fall or Spring experience: 12 weeks, minimum 7 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** \_\_\_\_\_