**Professional Experience Verification Form  
Life + Career Design Scholarship**

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| **Student Name:** | Click or tap here to enter text. | **Date:** | Click or tap to enter a date. |

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 60 hours of dedicated hands-on experience over a prolonged engagement.** *For example, engaging in a fall or spring semester experience that spans at least 10 weeks, at a minimum of 6 hours/week; OR a summer experience that spans at least 6 weeks at a minimum of 10 hours per week.*

The student and supervisor will determine a mutually agreed upon schedule.

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| **Title of Professional Experience:** | | | Click or tap here to enter text. | | | |
| **Supervisor for Experience:** | | | Click or tap here to enter text. | | | |
| **Work Plan:** | Start Date | **Click or tap to enter a date.** | End Date | Click or tap to enter a date. | Hours/Week | Click or tap here to enter text. |

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| **Briefly list the responsibilities associated with this experience:** |
| Click or tap here to enter text. |
| **List 2 – 3 goals for this professional experience:** |
| Click or tap here to enter text. |

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| Click or tap here to enter text. | Click or tap to enter a date. |
| **Student Signature** | **Date** |

**SUPERVISOR:**

|  |  |  |  |
| --- | --- | --- | --- |
| Is this a paid internship? | No  Yes | If paid, please indicate remuneration in US Dollars: | |
| $ | Click or tap here to enter text. |

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| Click or tap here to enter text. | Click or tap to enter a date. |
| **Supervisor Signature** | **Date** |