



Professional Experience Verification Form
Get Experience Scholarship

Student Name: _____ Date: _____

This form is to verify how the planned professional experience will meet the requirements of the LAS Get Experience 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.

STUDENT COMPLETE:

Organization Offering Professional Experience: _____

Students Role / Job Title: _____

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

Briefly list the responsibilities associated with this experience:

Student Signature _____ Date _____

SUPERVISOR COMPLETE:

Supervisor Name and Title _____

Is this a paid internship? [] No [] Yes If paid, please indicate remuneration in US Dollars: \$ _____

Supervisor Signature _____ Date _____