

College Internship Program

Verification of Student Internship Schedule

Last Name First Name Last 4 Social Security Number

Brooklyn College _____
College Name Assignment Start Date Assignment End Date

<u>Day</u>	<u>Time</u>	<u>TOTAL Hours per Day</u>
Monday	_____ To _____	_____
Tuesday	_____ To _____	_____
Wednesday	_____ To _____	_____
Thursday	_____ To _____	_____
Friday	_____ To _____	_____
Saturday	_____ To _____	_____
Sunday	_____ To _____	_____
TOTAL HOURS PER WEEK		_____

This schedule may be verified by calling the Supervisor.

Volunteer Site Name: _____

Supervisor Name (Please Print): _____

Supervisor Title: _____

Supervisor Telephone: _____

Supervisor Signature: _____

CUNY EDGE Staff Signature: _____