



CERTIFICATION: SUMMER INTERNSHIP FOR ACADEMIC CREDIT

Complete, scan and upload using the link in the SCORE Resource Library no later than noon on September 1, 2017

Student Name: _____ Class of 20__

Internship Site Information

Organization: _____

Address: _____

Supervisor: _____ (must be an attorney)

Title: _____

Telephone: (____) ____ - ____ ext: _____ Email: _____ @

Internship Arrangements

Duration of internship, in weeks: _____

Full-time? Y/N (full time work is required)

Paid? Y/N (credit is not available for paid internships)

Third Party Financial Support? Y/N (if yes, you **must** submit Attachment A)

I certify that the information provided is accurate. I understand that receipt of academic credit for the internship described above is conditioned upon my submission of this Certification and all required attachments no later than noon on September 2, and submission of a satisfactory memorandum summarizing and reflecting upon my internship experience no later than noon on September 30.

Student Signature

Date

I certify that the Internship Arrangements noted above are accurate.

Supervisor Signature

Date