



Southeast Missouri State University

INTERNSHIP COMPLETION VERIFICATION

To: School of Graduate Studies
Southeast Missouri State University
One University Plaza
Cape Girardeau, MO 63701

This is to verify that _____ with SO# _____ has
completed an on-site internship at _____ totaling _____ hours.
The internship began on-site ____/____/____ and was completed on-site ____/____/____.
(mm/ dd / yyyy) (mm/ dd / yyyy)

Supervisor's Printed Name

Supervisor's Signature

Site

Date