https://ucdenver.link/J1-Student-Intern-Certification-of-Academic-Status

J Student Intern Academic Certification
University of Colorado Denver | Anschutz Medical Campus

STUDENT INFORMATION:

Student Intern's Name: _____
(as it appears on passport) First Name Middle Family Name

Student Intern is currently enrolled at (name of institution): _____

Mailing address of institution: _____

_____

Student's Major: _____ Degree Sought: _____

Anticipated Date of Completion of Studies: _____
Month/Day/Year

INTERNSHIP PROGRAM INFORMATION:

Dates of the internship: from _____ to _____
Month/Day/Year Month/Day/Year

Department hosting the intern: _____

Name of Internship Supervisor: _____

How will the internship program fulfill the educational objectives of the student's current degree program?:
_____

_____

I hereby certify the following information for the above listed student:

1. The information provided on this form is accurate;
2. The student is enrolled at and is pursuing a post-secondary degree at this institution;
3. The student is in good academic standing (e.g. is not under suspension or probation);
4. The internship will fulfill the educational objectives of the student's course of study;
5. The student will return to this institution to complete his/her studies upon completion of the internship program.
6. There is no objection to the student receiving wages or other remuneration for participating in this internship program

_____ _____
Name of the Dean/Academic Adviser (please print) Signature

_____ _____
Title Date

_____ _____
Telephone number Email address