

RPTM 300-hour Student Engagement Work/Volunteer Requirement

Instructions

All sections of this form must be completed. The student should make a copy of the completed form for his or her records and then submit the original to the Internship Staff Assistant.

Student's Experience (please type information)

Student's Name:	
Dates of Work/Volunteer Experience:	Start Date: _____ End Date: _____
Agency Name:	
Department (if applicable):	
Address:	
Professional Supervisor:	
Supervisor's Title:	
Title of your Work Position:	
Description of your Experience	
Total Hours:	

Agency Supervisor Signature _____ **Date** _____

Comments:

Student Signature _____ **Date** _____

Comments:

The experience outlined above may be applied toward the completion of the student's 300-hour work/volunteer requirement. Total hour for this experience = _____ hours.

Internship Coordinator Signature _____ **Date** _____