

CREDIT VERIFICATION FORM

For a student to receive credit for their internship at Children's Hospital Central California, the form below needs to be completed and signed by the student's academic advisor. **Only forms printed onto school letterhead will be accepted.**

This will certify that _____ is enrolled in good standing at _____.

The minimum number of hours that this student must complete in order to obtain school credit is:_____. The maximum number of hours that this student may complete (not to exceed 150) is:_____.

Number of credits that the student will be receiving for their internship:_____

Advisor Name:_____ Phone #:_____

Email Address:_____

Advisor Signature:_____ Date:_____