



Southeast Missouri State University

INTERNSHIP COMPLETION VERIFICATION

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

This is to verify that _____ has completed an on-site internship at
_____ totaling _____ hours. The internship began on-site
on ___/___/___ and was completed on-site on ___/___/___.

Supervisor's Name

Site

Date