



Certification of Academic Status for Student Interns in the Exchange Visitor Program at the University of Colorado Boulder

This form must be completed by student's dean or academic advisor.

Student Intern's Information

Student's Name: _____
First Name Middle Name Family Name

Degree Sought: ☐ Bachelor's ☐ Master's ☐ Doctorate

Student's Major Field of Study: _____

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

Name of the Academic Institution the Student is Currently Enrolled at:

Mailing Address of Academic Institution:

University of Colorado Boulder (CU Boulder) Internship Program Information

Internship Dates

- The internship must end prior to the student's anticipated date of completion of studies.
- After completion of the student internship program, the student must return to their academic program outside the United States and obtain a degree from the academic institution.

Internship Start Date: _____
Month/ Day/ Year

Internship End Date: _____
Month/ Day/ Year

CU Boulder Department Hosting the Student: _____

Name of CU Boulder Internship Supervisor: _____

Per federal regulations, the internship at CU Boulder must "fulfill the educational objectives for his or her current degree program at his or her home institution."

Explain how will this CU Boulder internship program will fulfill the educational objectives of the student's current degree program?

Certification

I hereby certify:

1. The information provided on this form is accurate;
2. The student listed above 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 at CU Boulder will fulfill the educational objectives of the student's course of study; and
5. The student will be returning to this institution to complete their studies upon completion of the internship program at CU Boulder.

Dean/Academic Advisor Name: _____

Title: _____

Email Address: _____ Telephone Number: _____

Signature: _____ Date: _____