SAM 3910 Internship Completion Affidavit

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Intern partner supervisor name) as a representative from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(intern organization) certifies that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(intern name) has completed a minimum of 120 hours of internship work. If the intern was also an employee I certify that the internship activities and outputs were in addition to their normal work tasks, responsibilities, and work time. In addition, this affidavit certifies that all agreed upon deliverables of the internship work (project work or intern position) were completed.

120 hours minimum

On site hours \_\_\_\_\_\_

Off-site hours \_\_\_\_\_\_

Deliverables completed

Yes\_\_\_\_\_

Yes with modifications (please briefly note scope changes or adjustments to deliverables) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NO \_\_\_\_\_

Intern Partner signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_