



INVOLVEMENT SUPERVISOR VERIFICATION FORM

- *Supervisor's name:*
 - *Position/Title:*
 - *Organization/company:*
 - *Telephone #:*
 - *Email:*
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Student's name:

How many hours was the student involved?

How was the student involved?

Did the student receive any financial compensation and/or academic credit for their involvement? Yes No

I, the undersigned, confirm that the information described in this document is correct and may be verified by a representation of Champlain College.

Signature:

Date: