

HONORS COLLEGE

INTERNSHIP CERTIFICATION FORM

Instructions: Please complete and submit to the Honors Blackboard by the stated deadline. Contact us if needed at 936-294-1477 or HONORS@SHSU.EDU

Please print legibly.

Student Information:

Name: _____ SAM ID: _____
SHSU Email: _____ Subject/Course (EX: POLS 2301): _____ Section: _____
Course Title: _____ Semester: Fall Spring Summer 20__
Type of Internship: _____

Instructor Information:

Name: _____ E-mail: _____
Department: _____ Phone: (_____) _____ - _____

Did the student successfully complete all requirements of this internship? Yes No

If No, which requirements did the student fail to meet? _____

Did the student act as befitting an Honors student and represent our university in a positive light while participating in this internship? Yes No

If No, please explain? _____

The student received the following grade in this course: A B C D F IP X Q

Overall, how would you rate this internship as an "honors experience" for the student? (Please circle.)

Excellent			Average			Poor
7	6	5	4	3	2	1

Instructor Signature: _____ Date: _____