



Verification of New Learning

_____	_____	_____
Last Name	First Name	ID number
_____	_____	
Phone Number	E-Mail	

Organization at which you work/volunteer		
_____	_____	
Current Position Title	Number of months/years in that position	

Current supervisor's name, title, phone number, and e-mail		

Quarter and year in which you will be doing your internship: _____

Evergreen academic credit can only be awarded for new learning that you gain from new responsibilities or activities undertaken during the quarter of the internship. If you will also be continuing to perform activities that you performed before the start of the internship, you can't count the time you spend at those activities for internship credit.

To verify your new learning, please submit this form to Academic Advising with the following attachments:

1. A job description or other description of your current activities and responsibilities, signed by your supervisor as entered above.
2. A statement from you describing how the proposed internship activities differ from your current activities, and describing the types of new learning you expect to gain from these new activities.

You must submit these documents before your internship contract can receive final approval.

You can submit it by fax (360-867-5343), scanning and e-mailing (advising@evergreen.edu), snail mail (LIB 2153, 2700 Evergreen Pkwy NW, Olympia WA 98505), or by dropping it off.

Questions? Please call Academic Advising at 360-867-6312 or e-mail advising@evergreen.edu.

For Academic Advising use only:
Reviewed by: _____ Approved: ___yes ___no Date: _____