

**NBC 7/39 Internship Program
Credit Certification Form**

If you have not already done so, please complete the form below, providing all the information requested, including your address and phone number. This enables us to respond to you promptly.

This will certify that (student's name) _____
is a Sophomore, Junior, Senior, or Graduate level student enrolled at (College/University)
_____ in good standing, and will receive
academic credit for an internship with NBC 7/39.

Minimum number of work hours required by school for credit: _____

Number of credits student will receive if accepted by NBC 7/39: _____

Advisor Name : _____

Advisor Signature: _____

Date:

Tele.#:

Title: _____
