

**University of Nevada, Las Vegas  
Internship for Credit  
Certification of Completion**

This is to verify that \_\_\_\_\_ has successfully  
(Student's Name.)

completed an internship with \_\_\_\_\_ during the period of  
(Firm's Name)

\_\_\_\_\_  
(Dates of internship)

During this period of time appropriate training was provided to this intern. The intern worked a minimum of 150 hours or worked \_\_\_\_\_ hours. If the intern did not work 150 hours due to Covid 19 then the intern will work with the internship coordinator to complete additional requirements.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email

\_\_\_\_\_  
Date

Email to [accountinginternship@unlv.edu](mailto:accountinginternship@unlv.edu)