

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

**Certificate 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.

\_\_\_\_\_  
Printed Name of Supervisor

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email

\_\_\_\_\_  
Date

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

## **Internship Evaluation**

### **Overall Job Performance**

Excellent  
Good  
Average  
Less than Average  
Poor

### **General Performance Comments**

**Would you participate in our internship program again?**

Yes  
No

**Strengths in the intern's knowledge of accounting considering the intern's present level of education and experience**

**Weaknesses in the intern's knowledge of accounting considering the intern's present level of education and experience**

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