

JGHC Experiential Learning - Proof of:

"Working 8+ hours/week for 1+ semester(s) w/ supervisor collaboration and significant educational influence"

Student Name:
Student UID#:
Name of Organization:
Supervisor Name:
Supervisor Contact Info:
Average Hours/Week of Work:
Employment Start – End Date:
In a few sentences, describe how this employment relates to your career or educational goals:
For your USF or JGHC advisor:
I confirm that this working experience meets all of the following criteria:
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 Time requirements (8+ hours/week and at least 1 semester) Supervisor collaboration
 Significant influence related to the student's career or educational goals
Advisor Name:
Advisor Signature/Date: