

**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