

Basic Needs Experiential Learning Site Verification Form

STUDENT INFORMATION

Name: _____ ID #: _____

Major/Minor: _____ Classification: _____

Email: _____ Phone: _____

FACULTY SUPERVISOR INFORMATION (If applicable)

Name: _____ Phone: _____

Email: _____ Term: _____ Year: _____

Course title: _____

Credit hours: _____ Required hours/credit: _____

EXPERIENTIAL LEARNING SITE INFORMATION

Organization's name: _____ Site

supervisor's name: _____ Phone: _____ Site

supervisor's title: _____ Email: _____ Location

of Experiential Learning _____

Dates of internship: _____ Hours per week: _____

Paid (amount: \$ _____ /hr. or stipend \$ _____) Unpaid

Supervisor's signature _____ Date _____

For information about the Basic Needs Experiential Learning Grant, please contact Anthony Hunt at anthony.hunt2@uncp.edu or 910-775-4381.