***CEHHS Student Services***

*333. S. Twin Oaks Valley Road*

*San Marcos, CA 92096-0001 USA*

*760-750-4277 / 760-750-3539 (fax)*

[*www.csusm.edu/cehhs/studentservices/*](http://www.csusm.edu/cehhs/studentservices/)

**SCHOOL OF EDUCATION**

**VERIFICATION OF EMPLOYMENT AS A CSUSM INTERN\***

(Must be filled out completely and signed by you and your employer)

***INSTRUCTIONS:*** Form is fill-in enabled. Download copy to your own computer, open and complete form using computer’s tab key to navigate from field to field.
If filling out by hand, please print.

1. **PERSONAL INFORMATION**

Applicant’s Full Legal Name:

Social Security Number:       DOB:

1. **EMPLOYING AGENCY**

Title of position:

Type of credential required:

Date of Initial Employment as an Intern (mm/dd/yy):

**\*Employing District/Agency:**        **CDS#: 37-**

Name of immediate supervisor:

Position of immediate supervisor:

Employer Address:

City:       State:    Zip:

Telephone (include area code):

I verify that the above named applicant is employed in an appropriate intern position at this district/agency and that this district/agency has a collaborative intern agreement with CSU San Marcos for this type of credential.

**\*Signature of Employer:** **Date:**

Printed Name of Employer:       Title:

I certify that I have been admitted to the graduate program at CSUSM for this intern credential program and am employed in an appropriate intern position at this district/agency and that this district/agency has a collaborative intern agreement with CSUSM for this type of credential.

Signature of Applicant: Date:

**\*THIS CANDIDATE WILL NOT BE RECOMMENDED FOR THE CREDENTIAL IF THIS FORM IS NOT FILLED OUT COMPLETELY AND SIGNED BY THE EMPLOYER**

**Submit to CEHHS Student Services, University Hall Room 221**