Office of Policy and Management

COLLEGE INTERNSHIP VERIFICATION

450 Capitol Avenue
Hartford, CT 06106
Attn: Internship Coordinator
Email: opm.internships@ct.gov

Please verify that the student applying for an internship with the State of Connecticut's Office of Policy and Management is in good standing and list below any special requirements of the internship:

_____ is a student in good standing at _____

(Student's Name) (Name of College or University)

and has been approved by the _____ to do an internship with the

(Name of Department or Division)

State of Connecticut's Office of Policy and Management for credit, or as an educational requirement.

Please indicate the number of college credits and hours that the student must work during the semester:

_____ _____

(Credits) (Hours)

Please indicate if there are any special requirements with this placement:

_____

_____

The signature and title of the referring Professor, Internship Coordinator or other college official are required.

Name: _____ ***Title:*** _____

Signature: _____ ***Telephone:*** _____

College/University: _____ ***Email:*** _____

Address: _____

Please email this form to the attention Email: ***opm.internships@ct.gov***