

For Academic Advising use only:

Verification of New Learning

Last Name	First Name	ID number	
Phone Number		E-Mail	
Organization	at which you work/volunteer		
Current Position Title	Number of mo	onths/years in that position	
Current supervisor's	name, title, phone number, and	d e-mail	
Quarter and year in which you will b	pe doing your internship:		
Evergreen academic credit can only responsibilities or activities underta continuing to perform activities that count the time you spend at those a To verify your new learning, please attachments:	ken during the quarter of the ingle tyou performed before the stanctivities for internship credit.	nternship. If you will also be int of the internship, you can't	
	r description of your current ac visor as entered above .	tivities and responsibilities,	
 A statement from you describing how the proposed internship activities differ from your current activities, and describing the types of new learning you expect to gain from these new activities. 			
You must submit these documents approval. You can submit it by scan (LIB 2153, 2700 Evergreen Pkwy NW	ning and e-mailing it to:advisin	g@evergreen.edu, U.S. mail	
Questions? Please call Academic Advising at 360-867-6312 or e-mail: advising@evergreen.edu.			

Reviewed by: _____ Approved: ____yes ____no Date: ____