



College of Charleston

Master of Science in Environmental Studies Program

FULFILLMENT OF INTERNSHIP REQUIREMENTS

Student Name (Print)

Title of Internship: _____

This is to certify that the above-named student has satisfactorily completed all internship requirements and therefore receives _____ credits for _____ term / year

Project Supervisor (Print)

Project Supervisor (Signature)

Date

Internship Advisor (Print)

Internship Advisor (Signature)

Date

Advisor (Print)

Advisor (Signature)

Date

Advisor (Print)

Advisor (Signature)

Date

MES Program Director (Print)

MES Program Director (Signature)

Date