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**PETITION FOR APPROVAL OF INTERNSHIP HOURS**

Submit this form to your Career & Community Resource Coordinator at your high school to count toward the 120 hours required for graduation. **This form must be filled out by the STUDENT, not the mentor.** Questions? Email Mr. Rawls (jrawls9999@columbus.k12.oh.us)

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**Student’s Name** **Student Number**

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**School** **Grade**

In order to receive internship hours, you must complete the information below regarding your internship or community service experience. **Submit this form to your Career & Community Resource Coordinator at your high school.**

**Type of Experience (circle one):**

**Circle One: Community Service Internship Job Shadow College Visit Job**

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**Name of Company/Organization Boss/Mentor’s Name**

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**Boss/Mentor’s Phone Number or Email**

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**Start Date Ending Date Still Working Y/N Total Hours**

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**Student Name (Signature) Boss/Mentor’s Signature**

**The following may serve as proof of the above work. Please turn in ONE of the following:**

* *Pay stubs*
* *A letter on company letterhead listing the dates (start date-end date), total number of hours worked, and duties*
* *Copies of log-in sheets, which include the company name printed or other documentation utilized by the employer/agency to keep track of hours worked, which include the company name.*
* *Signature of mentor or boss on line below*

*The Career & Community Resource Coordinator will complete this section:*

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spoke To \_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_ Approved Y/N

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total hours awarded Career & Community Resource Coordinator’s Signature

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