

UNIVERSITY OF MIAMI GRADUATE SCHOOL
CERTIFICATE OF APPROVAL OF MASTER OF PROFESSIONAL SCIENCE AND INTERNSHIP
REPORT
(ORIGINAL REQUIRED)

TO BE FILLED IN BY STUDENT:

Author's Name: _____

Author's UM ID #: _____

School: _____ Division/Track: _____

Title of Report: _____

TO BE FILLED IN BY THE MPS OFFICE:

This is to certify (1) that the internship report has been approved by the committee; and (2) that credit should be given as follows, with a grade of "S":

Internship Course _____ **# of Credits** _____

COMMITTEE MEMBERS' NAMES SHOULD BE PRINTED NEXT TO OR BELOW THEIR SIGNATURE.

SIGNED: _____ Chairperson _____ Date
Name: _____ Committee Member
Name: _____ Committee Member
Name: _____ Committee Member
Name: _____ Committee Member
Name: _____ Committee Member
Name: _____ Committee Member
Name: _____ Ex-Officio Committee Member*
Brian Soden, RSMAS Associate Dean for Professional Studies