

University of North Carolina at Chapel Hill School of Nursing

VERIFICATION OF SUMMER WORK EXPERIENCE

Requirement and Verification

Successful completion of the work experience is a program requirement and is required for a passing grade in N487, N488 or N489. The student should fill out the top portion of this form, and have his/her immediate Registered Nurse Supervisor fill out the bottom. The student should be aware that the Student Honor Code is in effect regarding this verification (see details of the Honor Code below.) The student is responsible for turning this form in to the Undergraduate Programs Office at the end of his/her work experience. The student will not receive a grade in N487, N488 or N489 until this form is on file. Failure to satisfactorily complete the work requirement may result in a failure in the course and Academic Progression Review (see Student Undergraduate Handbook.)

Student Honor Code

The Honor Code states, "It shall be the responsibility of every student at the University of North Carolina at Chapel Hill to obey and support the enforcement of the Honor Code, which prohibits lying, cheating, or stealing when these actions involve academic processes or University, student or academic personnel acting in an official capacity." Examples of a violation of the student Honor Code include "furnishing false information" and "forgery or other misuse of University documents."

Student/Externship Information

Fill out the information below completely.

1. STUDENT NAME: _____
2. STUDENT PID #: _____
3. STUDENT ADDRESS: _____

4. STUDENT PHONE: _____
5. WORK EXPERIENCE AGENCY: _____
6. AGENCY ADDRESS: _____

7. UNIT/UNIT TYPE: _____
8. SUPERVISOR NAME: _____

(student should not write below this line)

Verification by Registered Nurse Supervisor

Your signature below indicates that the student named above satisfactorily completed 84 work hours in a health care delivery setting with your agency. Please provide your contact information in case further verification is necessary. If you have any questions about this form, please contact Beverly Foster, Director, at the UNC-CH School of Nursing, Undergraduate Programs Office at 919-966-7511.

Signature: _____
Date: _____
Title/Role in Agency: _____
Phone Number: _____
Comments: