



Associate Dean, Student Academic Services
School of Education
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CERTIFICATE OF COMPLETION OF
INTERNSHIP SUPERVISION
YEAR _____

1. THIS WILL CERTIFY THAT _____ AND LOYOLA UNIVERSITY CHICAGO AGREED TO AN APPROVED INTERNSHIP PLAN FOR _____.
2. ALL COMPONENTS OF THIS PLAN WERE SUCCESSFULLY COMPLETED
3. _____ IS ELGIBLE FOR THE 30 HOURS OF CPDU FOR RENEWAL OF SCHOOL SERVICE PERSONNEL CERTIFICATION

RESPECTFULLY

PROGRAM DIRECTOR (Signature and Print Name)

DATE

LICENSURE OFFICER (Signature and Print Name)

DATE