

Argosy University, Chicago  
225 N. Michigan Avenue, Ste. 1300, Chicago IL 60601  
Phone: (312) 777-7665  
Fax: (312) 777-7747

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## INTERNSHIP LETTER OF COMPLETION

Date: \_\_\_\_\_

Argosy University, Chicago Campus  
Director of Training  
225 N. Michigan Ave., Ste. 1300  
Chicago, IL 60601

This letter is to verify that

\_\_\_\_\_  
*Intern's Name*

has successfully completed his/her internship training on \_\_\_\_\_. This student completed \_\_\_\_\_ hours of supervised training between the dates of \_\_\_\_\_ and \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
*Site Supervisor's Name (please print)*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Site Name*

\_\_\_\_\_  
*Site Address*

\_\_\_\_\_  
*City/State/Zip*

\_\_\_\_\_  
*Site D.O.T. Signature*

**This internship site is APA-Accredited** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**  
**and/or and APPIC-Member** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

\_\_\_\_\_  
*Argosy D.O.T. Signature*

\_\_\_\_\_  
*Date*