

**County of Riverside
Professional Student Intern Unit Load Verification Form**

Intern Name: _____ **SSN:** _____

If continuing/ returning Professional Student Intern, Employee ID No: _____

ALTERATIONS WILL INVALIDATE THIS FORM

College/ University (To be completed by College/ University Registrar)

College/ University Name: _____

Check one from each row:

<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate
<input type="checkbox"/> Semester	<input type="checkbox"/> Quarter
<input type="checkbox"/> Fall <input type="checkbox"/> Winter	<input type="checkbox"/> Spring <input type="checkbox"/> Summer

Is Student enrolled full time: Yes No

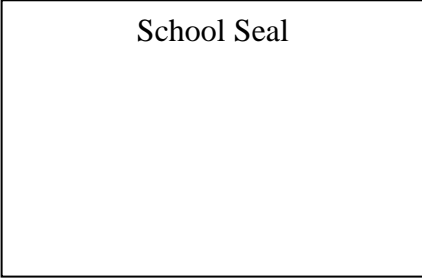
Current Unit Load: _____

Accumulated Completed Units: _____

Expected Graduation Date: _____

Accredited by: _____

Verified by: _____ Date: _____
(Registrar's Signature)



It is the responsibility of each student to take the Student Unit Load Verification (SULV) form to his or her respective school, college or university. The SULV form must be completed, signed, dated and stamped by the Registrar's Office. If employed, it is the student's responsibility to have their enrollment re-verified every quarter or semester. A full-time student, who reduces their unit load to less than full-time or withdraws from school, may no longer be eligible to participate and may be terminated. It is the student's responsibility to keep their hiring department and Professional Student Internship Program Coordinator informed as to changes in unit load.

STUDENT DECLARATION: All answers and statements in this document are true and complete to the best of my knowledge and belief. I declare that this form has been verified and validated by authorized personnel at my educational institution. I understand that falsified information will cause for immediate termination of my application and dismissal from the Professional Student Internship Program.

Student Signature

Date