



# Office of Policy and Management

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## COLLEGE INTERNSHIP VERIFICATION

450 Capitol Avenue  
Hartford, CT 06106  
Attn: Internship Coordinator  
Email: [opm.internships@ct.gov](mailto:opm.internships@ct.gov)

**Please verify that the student applying for an internship with the State of Connecticut's Office of Policy and Management is in good standing and list below any special requirements of the internship:**

\_\_\_\_\_ is a student in good standing at \_\_\_\_\_  
(Student's Name) (Name of College or University)

and has been approved by the \_\_\_\_\_ to do an internship with the  
(Name of Department or Division)

State of Connecticut's Office of Policy and Management for credit, or as an educational requirement.

**Please indicate the number of college credits and hours that the student must work during the semester:**

\_\_\_\_\_ \_\_\_\_\_  
(Credits) (Hours)

**Please indicate if there are any special requirements with this placement:**

\_\_\_\_\_  
\_\_\_\_\_

**The signature and title of the referring Professor, Internship Coordinator or other college official are required.**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**College/University:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Please email this form to the attention Email: [opm.internships@ct.gov](mailto:opm.internships@ct.gov)