

### Verification of Clinical and Research Work.

**Student Instructions:** Please complete the top half of this form, and then give this form to your supervisor and request that they submit it via email as follows:

Email: gs-letters@columbia.edu

Subject: Clinical and Research Work Verification for {Student Name}

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Student Name: \_\_\_\_\_ UNI: \_\_\_\_\_

**Worksite**

Name of Institution, Department, Division, and Program:

\_\_\_\_\_

Position Description:

\_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

This position is:     Paid     Volunteer

Supervisor Name: \_\_\_\_\_

Student's Signature \_\_\_\_\_

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This form is provided for your convenience in communicating with our office about a student's work hours. Thank you for your supervision of this future healthcare professional.

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**This is to verify that the student named above has completed to date a total of \_\_\_\_\_ hours of work in clinical or research settings at our hospital/institution and under the direction of our office.**

Signature \_\_\_\_\_ Date \_\_\_\_\_