COLUMBIA | POSTBAC PREMED
School of General Studies

Verification of Clinical and Research Work.

Student Instructions: Please complete the top half of this form, and then give this form to your supervisor who may submit the form by mail, email or fax.

Columbia University Postbaccalaureate Premedical Program
404 Lewisohn Hall, MC 4109
2970 Broadway
New York, NY 10027
Fax: (212) 854-7257, Attention: Postbac Premed Program
Email: gs-letters@columbia.edu **Subject:** Clinical and Research Work Verification

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 _____

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 _____