



Internship Form

Due to new regulations by the VA (effective August 1, 2018), students taking an Internship must report the zip code in which they will be performing their internship so that they will receive MHA based on their location.

**Please attach your acceptance letter/email for enrollment confirmation purposes.
Please type this form and have it signed off by your Internship Instructor.**

Student Name _____

Student ID _____

Major _____

Internship Course _____

Term of Course **Year** _____

Course Instructor _____

Statement by Student

I understand that my Monthly Housing Allowance (MHA) may differ from that in which I am accustomed to and that all of the information I have provided is correct as of the date signed.

Print Name

Sign Name

Date

Statement by Course Instructor

I certify that this student will be taking the course listed and interning at the address and zip code provided.

Internship Address

Street:

City, State, Zip:

Instructor Email

Print Name

Sign Name

Date