



Cancellation of Internship Placement (Program Area Request)

Office of Clinical Experiences

College of Education, 110 Speight
Greenville, North Carolina 27858-4353

Internship Date: _____
Semester/Year

Internship I

Internship II

_____ **B** _____
Student Name Banner ID:

_____ _____
Program Area Advisor Name (Printed) Advisor Signature

University Supervisor (Printed)

Please cancel the internship placement for the above named student effective _____.
DATE

Please give reason for cancellation and indicate if the intern needs a new placement:

Program Area Coordinator Signature Date

Please complete this form and return it to the Office of Clinical Experiences, Speight 110