

# Internship Credit Eligibility Confirmation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Position]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to confirm my eligibility for internship credit as part of my [degree program or course name] at [Your Institution's Name]. My internship at [Company/Organization Name] is scheduled to begin on [start date] and will conclude on [end date].

I understand that in order to receive academic credit, I must fulfill the following requirements:

- Complete a minimum of [number] hours of work per week.
- Submit regular progress reports to my academic advisor.
- Participate in any required evaluations.

Should you require any further information or documentation to support this process, please do not hesitate to reach out.

Thank you for your attention to this matter. I look forward to contributing to [Company/Organization Name] and gaining valuable experience.

Sincerely,

[Your Name]

[Your Student ID (if applicable)]