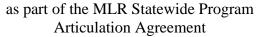


AUTO 110 Verification Form Maintenance Light Repair Internship





	For Office Use Only
ID#	

Student ID Information									
Student's Full Name									
Student's Signature									
Address									
City State Zip									
Phone					Birthdate	/	/		
School Information									
High School Name									
High School Teacher's Name									
High School Teacher's Signature									
Signature									
Intern Facility Information									
Name of Business									
Supervisor Name									
Phone									
		•							
Internship Details									
Start Date	. ,	,	End Date	, ,	Number	of Hours			

This form **must** be submitted with the **MLR Statewide Student Articulation Application** by the **High School Teacher** by one of the following options:

- 1. USPS mail in an official envelope from the CTE institution sent to: **Delta College Articulation Office**, P160, 1961 **Delta Road**, **University Center**, **MI** 48710
- 2. Faxed from the High School's official fax number to the Delta Articulation Office: 989-667-2237
- 3. Email directly from the High School Teachers official institutional email address to: artic@delta.edu

Revised: 3/01/2019