



**AUTO 110 Verification Form
Maintenance Light Repair
Internship**

as part of the MLR Statewide Program
Articulation Agreement



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	

Intern Facility Information

Name of Business	
Supervisor Name	
Phone	

Internship Details

Start Date	/ /	End Date	/ /	Number of Hours (minimum of 80 hours)	
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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