



**East Stroudsburg University  
Internship Title IX Information  
Acknowledgement of Receipt**

Date \_\_\_\_\_

Name of Student: \_\_\_\_\_ Student ID # \_\_\_\_\_

Student Email Address: \_\_\_\_\_

Dean/Director: \_\_\_\_\_

I, \_\_\_\_\_ hereby acknowledge the receipt of the East Stroudsburg University Title IX information for Internship, Practicum, Student Teaching, Service Learning and Study Abroad Students, and Supervisors' documentation.

\_\_\_\_\_  
Signature of Recipient