



EAST STROUDSBURG UNIVERSITY

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, Services Learning and Study Abroad Students, and Supervisors' documentation.

Signature of Recipient

