



8690 Balboa Ave., Suite 100
 San Diego, CA 92123
 Tel (858)244-1177 Fax (858)244-1178
 www.energycenter.org • info@energycenter.org

SECTION 1: STUDENT IDENTIFICATION **PLEASE PRINT LEGIBLY IN BLUE OR BLACK INK**

Last Name	First Name	Middle Initial	Social Security Number
Street Address		Area code/telephone number (home)	
City	State	Zip Code	Email Address

SECTION 2: ENROLLEMENT AND GPA REQUEST

* I request that California Center for Sustainable Energy verify my eligibility for their internship program, as I am enrolled at an accredited school as A **FULL-TIME STUDENT AND HAVE AT LEAST A 2.8 CUMULATIVE GPA (on the 4.0 scale)**

SECTION 3: STUDENT UNDERSTANDING AND CERTIFICATIONS

* I understand that the following terms and conditions apply to this request for enrollment and GPA verification and my consideration in CCSE's internship program:

- 1) Submission of this verification form does not automatically guarantee me a position in the internship program. Selection is based on available office assignments, supervisor discretion and ability to meet program requirements.
- 2) Enrollment and GPA verification is complete when received by HR and has the appropriate authorized signatures.
- 3) My consideration for CCSE's internship will end on the earlier of **(A)** the date that I drop below full-time enrollment, **(B)** the date I drop below a 2.8 cumulative GPA (on the 4.0 scale), or **(C)** the date that I am expected to complete my degree requirements, as certified by the authorized official who completes Section 4 of this form.
- 4) I will not be considered for the program until I meet the enrollment and GPA requirements.

* I certify that:

- 1) The information I have provided on this form is true and correct.
- 2) I will provide additional documentation to CCSE, as requested, to support my eligibility for this internship program.
- 3) I will notify CCSE if I drop below full-time enrollment or if my GPA drops below a 2.8 (on the 4.0 scale).
- 4) I have read, understand, and meet the eligibility requirements of the internship program.

STUDENT'S SIGNATURE _____ DATE _____



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SECTION 4: AUTHORIZED OFFICIAL'S CERTIFICATION

I certify, to the best of my knowledge and belief that the student named above:

- 1) Is enrolled as a full-time student during the academic period from (month-day-year) ____ - __- ____ to ____ - __ - ____.
- 2) Is reasonably expected to complete his/her degree requirements on ____ - __ - ____
- 3) Has a cumulative GPA of at least a 2.8 based on a 4.0 scale.

School's Name

School's Address

City, State, Zip

Name/Title of Authorized Officials

Telephone

AUTHORIZED OFFICIAL'S SIGNATURE

Date