



## **CLMI Fellowship - Verification Form**

This verification from \_\_\_\_\_ acknowledges the student meets the requirements and can successfully complete the coursework during the 12-week Civic Literacy & Media Influence Fellowship program.

Student Name: \_\_\_\_\_

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

School Name: \_\_\_\_\_

Supervising Teacher: \_\_\_\_\_

Supervising Teacher email: \_\_\_\_\_

GPA: \_\_\_\_\_

Total credits completed for 2024/2025 through LP12: \_\_\_\_\_

Remaining credits: \_\_\_\_\_

Description of Applicant's Strengths, Accomplishments and/or Statement of Confidence:

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Supervising Teacher Signature \_\_\_\_\_ Date: \_\_\_\_\_