

[Date]

[Recipient Name]

[Title/Position]

[Organization/Institution Name]

[Address]

Subject: Verification of Academic Program Job Duties for [Student Name]

To Whom It May Concern,

This letter serves to verify the academic and clinical/work-related duties performed by [Student Name] during their enrollment in the [Program Name] at [University/Institution Name]. [Student Name] participated in this program from [Start Date] to [End Date].

As part of the requirements for this academic program, the student was required to perform the following duties and responsibilities:

- [Duty 1: e.g., Conducted laboratory research and data analysis]
- [Duty 2: e.g., Assisted in clinical rotations and patient assessments]
- [Duty 3: e.g., Developed curriculum materials and instructional plans]
- [Duty 4: e.g., Managed project timelines and collaborative team reports]

These duties were performed under the supervision of [Supervisor/Professor Name] for approximately [Number] hours per week. These activities were integral to the student's professional development and the successful completion of the [Degree/Certificate] requirements.

Should you require any further information regarding the nature of these duties or the student's performance, please feel free to contact me at [Phone Number] or [Email Address].

Sincerely,

[Signature]

[Printed Name]

[Title]

[Department]

[University/Institution Name]