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| Supervisor P ¹⁻ | |
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| Supervisor Email * | |
| This information will be used to confirm that you have discussed and agreed on your learning objectives | |
| ab139@uakron.edu | |
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| End Date * |
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| Hours |
| Day* |
| July ~ 06 ~ 2022 ~ |
| Hours* |
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| Add Hours |
| Total Hours |
| Total hours will update after the information has been saved. |
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| | I loved this experience! I wish I could do more events like this. |
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| × 1 | |
| ~ | Upload Certification of Supervisor |
| | Maximum File Size: 500 KB |
| * | |
| | File |
| ~ | Please select your document to upload |
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