

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, Service Learning and Study Abroad Students, and Supervisors' documentation.	
Signature of Recipient	

Title IX Sexual Misconduct Policy

 $\underline{https://www.esu.edu/university_policies/list/ESU-2020-01.cfm}$