



# GRAND CANYON UNIVERSITY™

## Provider Interview Acknowledgement Form

**Student Name:** \_\_\_\_\_ **Section & Faculty Name:** \_\_\_\_\_  
**Date of Interview:** \_\_\_\_\_

### Provider Information

Provider Name : \_\_\_\_\_  
*Last* *First* *M.I.*

Credentials: \_\_\_\_\_ Title: \_\_\_\_\_  
*(i.e. MS, RN, etc.)*

Organization: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Interview Acknowledgement

I \_\_\_\_\_ acknowledge that I was interviewed by \_\_\_\_\_ on the  
*(Provider Name)* *(Student Name)*

date listed above. The organization / agency does not endorse the university or the student however, the student learning experience is considered appropriate for educational purposes.

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date Signed

#### NOTE:

Acknowledgement form is to be returned to the student for electronic submission to the faculty member.