

**HONORS INTERNSHIP PROGRAM
PROGRAM TERM ACKNOWLEDGMENT**

This acknowledges that I, _____, applicant
(Printed Name)

for the Federal Bureau of Investigation Honors Internship Program (HIP),

was advised by _____, _____, of
(Printed Name) (Title)

the _____ Office that the internship will begin the first
(Field Office Name)

Monday in June, and conclude the second Friday in August. I have also been advised that as a condition for successful completion of the HIP, I will be required to complete the program.

(Signature of Applicant)

(Date)

(Signature of FBI Personnel)

(Date)