

Complete by student



Internship Approval & Pre-Registration Form

Major/Concentration _____

Term in which you plan to begin your internship

Term: _____ Year _____

Duration from: dd____mm____yyyy_____ to dd____mm____yyyy_____

*Be aware that you are required to take Internship on a full-time basis, meaning at least 8 hours of work per day and at least 5 days of work per week, for a total of 480 hours.

Applicant Information

First Name: _____ Last Name: _____

ID: _____ No. of credits earned: _____ No. of credits registered: _____

GPA: _____ Email: _____

Contact Address: _____

Home Tel. _____ Mobile _____

Organization Information

*Please be reminded that you must contact the organization(s) of your choice to find out the likelihood of being accepted for the internship before filling out this part.

Organization Name: _____ Division: _____

Department: _____ Website: _____

Address: _____

Contact Person: _____ Position: _____

Phone No: _____ Fax No: _____ Email: _____

Academic Advisor Student Academic Support Registrar Officer

Date: _____ Date: _____ Date: _____ Date: _____



Important Note:

- 1) Attach a 2x2 photo with this form before submitting it to the Internship Coordinator.
- 2) Be aware that you are required to take Internship on a full-time basis, meaning at least 8 hours of work per day and at least 5 days of work per week, for a total of 480 hours.

Complete by supervisor

Internship Acceptance Form

Application Result

Applicant's name: _____ Accepted Rejected

- **If accepted, please fill out the parts below:**

Organization: _____

Training location: _____ Department (s): _____

Training area(s): _____

Work days: _____ Work hours: _____ Internship duration: _____ hours

Please send us **job position and the job description** for the accepted applicant:

Your organization's contact information

Contact person: _____ Position: _____

Department: _____

Phone no: _____ Fax: _____

Email: _____

*How would you like to be contacted? _____

Signature

Date: _____