

INTERNSHIP APPLICATION AND APPROVAL FORM

This form is to be completed, submitted, and approved at least one week before the beginning of the semester. It must be completed in an exemplary, professional manner and to guard all business information to the highest degree of confidentiality. I have read the Internship Handbook and understand the requirements.

STUDENT INFORMATION	
NAME:	ID NUMBER:
PHONE NUMBER:	EMAIL ADDRESS:
FORSEMIESTER:	
PROPOSED STARTING DATE OF INTERNSHIP (DD/MM/YY):	PROPOSED COMPLETION DATE OF INTERNSHIP (DD/MM/YY):

R	FAX NUMBER:
EMAIL ADDRESS:	
FAQ	

PHONE NUMBER:	EMAIL ADDRESS:	
DOCUMENTS ATTACHED		
STUDENT'S RESUME	INTERNSHIP PROPOSAL	INTERNSHIP AGREEMENT

I agree to sponsor this internship. This internship has been approved for appropriateness to receive academic credit in ITEC4701 t Internship in Information Technology.

FACULTY SIGNATURE

DATE

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DATE