

## STUDENT INTERNSHIP PROGRAM

### Application Form

#### INSTRUCTIONS:

A student wishing to apply for the internship program (General or Project Specific) must fill all sections of this form and take it to the Internship Coordinator of your college/department who will forward your application to the CAPPS office for further processing.

<b>Student Particulars</b>		
Full Name:	Student ID:	
Semester:	Year: 201 /201:	
E-mail:	Contact Number:	
Program Title:		
College/Department:		Internship Course Code:
Credit Hours (completed):	Current CGPA:	

#### Please answer the following questions:

- 1 Is your current CGPA more than 2.00? YES  NO
- 2 Have you completed all pre-requisite requirements/courses required for the internship? YES  NO
- 3 Are you a working student? YES  NO

If you like to have your place of work as internship location, you may provide the following information.

Name of Company/Organization:

Site Supervisor's Name:

Supervisor's Designation:

Supervisor's Contact Number:

Supervisor's Email:

I solemnly declare that particulars provided in this application are correct. I fully understand that the university decision regarding the choice of internship location, site supervisor and faculty advisor is final.	
Signature of Student:	Date Applied:

Application Received by CAPPS

Date and Stamp