

Internship Application and Agreement Form

PART 1: FOR STUDENT

Date: ____ / ____ / ____

Student Information

First Name: _____ Last Name: _____ Student ID: _____

Contact Address: _____

Mobile: _____ Email: _____

Organization Information

Organization Name: _____

Job Title: _____

Job Description: _____

Internship Duration From: _____ - _____

The name and/or position of the person whom CITU will issue an official letter to _____ *

I fully understand the terms and conditions under which I will register for this course and agree to abide by the guidelines set forth by the internship instructor for the completion of this internship. I agree to complete this course during the period stated above.

Instructor's Note and Approval

Approved Not Approved

Signature: _____

Date: ____ / ____ / ____

Student Signature

PART 2: FOR EMPLOYER

Our organization is pleased to accept above student for internship.

Details on internship (at least 270 hours) are as below:

Organization: _____

Training location: _____

Department(s): _____

Internship duration: Starting date _____ Until _____

Working Period: Time _____ hrs. - _____ hrs.

About the person-in-charge during the period of internship

Name: _____ Job Title: _____

Phone No.: _____ Email: _____

Employer Signature: _____

Date: ____ / ____ / ____