***FORM 1****: Internship Request From (IRF)*

**INTERNSHIP REQUEST FORM**

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|  | GENERAL INFORMATION |

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| **Type of internship:** | [ ]  5in5 [ ]  Summer [ ]  Work placement [ ]  Other:………………………  |
| **Credit:**  | [ ]  Non Credit-bearing [ ]  Credit-bearing:…………………………………………credit  |
| **Course Code:**  |  |

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|  | INTERNSHIP INFORMATION |

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| **Host Company:** |  |
| **Industry:** |  |
| **Website:**  |  |
| **Contact person name:**  |  | **Title:**  |  |
| **Email:** |  | **Phone:** |  |
| **Intern position:** |  |
| **Department:** |  |
| **Internship hour:** | *(hours per week/month)* |
| **Internship time:** | From to |
| **Internship Details:** | *Description of Proposed Internship Project and Intern Responsibilities:**Expected Benefit to Intern/Expected Benefit to Organization:**Specified Skills Required (Technical, Functional, Computer Programs, Soft Skills, etc.):**Required Qualifications:* |

**Commitment from Student:** I agree to complete my internship with utmost professionalism, to provide my employer with high quality of work performance, and to complete my responsibilities required by the university and college during the internship.

**Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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|  | CONFIRMATION AND APPROVAL |

**Confirmation from Host Company:** I agree to supervise the above-named student in the internship described, to expose the student to information sources needed to complete a successful internship experience, and to evaluate student’s work performance in a timely manner.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approval from College representative:** I approve the internship described and appoint the faculty above to be faculty supervisor of the student who will be responsible to advise and evaluate student’s internship at a timely manner.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**