

INTERNSHIP WAIVER FORM

Name _____ Reg. No _____
Program _____ Semester/Year: _____
Res. Phone No: _____ Mobile _____
Email: _____

Work Experience (Should be during the Degree Period)

Time Period : _____ From: _____ To: _____

Name of Organization: _____

Designation: _____

Name of HR Manager /Supervisor: _____

Office Address: _____

Office Tel : _____ Fax: _____

Office Email: _____

Signature

Date

For Office Use Only (do not write below this line)

Acceptable/Not Acceptable: _____

Program Manager
Signature & Date

Head of Campus
Signature & Date

Record Officer
Signature & Date

Mandatory: Copy of Experience Certificate should be attached