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INTERNSHIP WAIVER FORM

Name:_____ Reg. No: _____

Program:_____ Semester/Year:_____

Res. Phone No:_____

Mobile No: _____

Email Address: _____

Work Experience (should be during the degree period)

Time Period:_____ From:_____ To:_____

Name of Organization: _____

Designation: _____

Name of HR Manager /Supervisor: _____

Office Address: _____

_____

Office Telephone No:_____ 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