



INTERNSHIP LETTER REQUEST FORM

(Please fill in CAPITAL letters with correct spellings)

(Reference letter will be issued after a minimum of 48 hours after you get it approved from your coordinator)

Internee Information

Student Name: _____ Class: _____

Registration No: _____

Tel (Residence): _____ Mobile(s): _____

Residential Address: _____

E-mail Address: _____

Organizational Information

Name of the Organization: _____

HR Manager: _____

Office Address: _____

Office Phone No: _____ Fax: _____

E-mail (optional): _____

For Office Use Only

ACCEPTABLE/NOT ACCEPTABLE: _____

Coordinator

Date

Executive Development Officer:

Date