



INTERNSHIP WAIVER FORM

(For Transcript Clearance Only)

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: _____

Student's
Signature & Date

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

Acceptable: Not Acceptable:

Program Manager
Signature & Date

Head of Department (HoD)
Signature & Date

Controller Records
Signature & Date