## Adama Science and Technology University

## College of Electrical Engineering and Computing

## Internship Agreement Form

This internship agreement form is prepared for agreement to place a student of Adama Science and
Technology University (ASTU) Named: Abdi Kumela, I.D.No. WOR125278/14
for internship at (Industry/Company/Institution/Organization)
for 45 working days from July to September, 2025.
1. Name and address of the University: Adama Science and Technology University, Adama, Ethiopia.
2. Name of Program (Department): Software Engineering Program, ASTU
3. Permanent Address of the student: Phone: 0930605760 E-mail: abdikumela 036 @ Guail Can
4. Address of contact person during Emergency: Name: Gette urga Phone: 0913176709
5. Address of the hosting organization: Place: Have Phone: 09151372 Fax
6. Name and Contact details of the supervisor: A N Wer Mohe mmes
Phone: 0520886379 E-mail alanwor man Degmail. Com
7. Is the internship paid (salary/expenses); and if so at what rate?
For Hosting Organization:
Please put tick mark (√) on Accept/ Reject that show your decision  Accept: Reject:
Seal of hosting Organization & Maria-A
Seal MILE *
NB: The finalized agreement should be sent by the student to program internship advisor copying to
hosting organization.
Approval of University Internship Advisor:
Grand Sound

