



ACCRA INSTITUTE OF TECHNOLOGY

The University of the Future

INTERNSHIP PLACEMENT APPLICATION FORM

ABOUT YOU

First Name:		Middle Initials			
Surname		Student ID Number			
Date of Birth:		. Gender	Male		Female
Nationality		Telephone:			
Program of Study		E-mail:			
Semester/Trimester		Current Level:			
Year of Admission		Level:			

ABOUT INTERNSHIP PLACEMENT ORGANIZATION

Name of Organization:		Address:			
Department:		Telephone:			
Supervisor's Name:		E-mail:			
Supervisor's Title:		Type of Internship	In Person		Virtual
Internship Start Date:		Internship End Date:			
What are your learning goals for this Internship?					

OFFICIAL USE ONLY

Date of Receipt of Application:				
Decision				
Approved		Reject		
Remarks:				
Name of Officer:		Date:		