



COMSATS University Islamabad

Islamabad Campus

Department of Computer Science

INTERNSHIP APPROVAL FORM

Section A: Organization Information	
Organization Name	
Address	
Industry Sector	
Contact Person Name	
Designation	
Phone Number	
Email Address	
Section B: Internship Position Details	
Number of Internship Positions	
Nature of Internship	<input type="checkbox"/> Software Development <input type="checkbox"/> Data Science <input type="checkbox"/> Networking <input type="checkbox"/> Cyber Security <input type="checkbox"/> Web/Mobile Development <input type="checkbox"/> Other: _____
Internship Location	
Start Date	
End Date	
Working Days & Hours	
Mode	<input type="checkbox"/> On-Site <input type="checkbox"/> Virtual <input type="checkbox"/> Freelancing Based
Section C: For Internship Office Use Only	
Received By (Internship Office)	
Status	
Signature (Internship In-charge Officer)	
Date	