COMSATS University Islamabad
Islamabad Campus
Department of Computer Science

INTERNSHIP ASSIGNMENT & STUDENT AGREEMENT FORM

To be filled by the student	
Student Information	
Full Name	
Registration Number	
Degree Program	
Semester	
Contact Number	
Email Address	
Preferred Internship Field/Domain *(e.g., Software Development, AI/Data Science, Cyber Security etc.)*	
For Internship Office Use Only	
Company/Organization Name	
Internship Role/Position	
Faculty Supervisor Name & Designation	
Site Supervisor Name & Designation	
Duration of Internship	
Start Date	**End Date**

Student Internship Agreement Statement

I, _____ , a student of _____at _____hereby acknowledge and accept the internship opportunity assigned to me at [Organization Name] starting from [Start Date] to [End Date].

I agree to:

1. Abide by the rules, regulations, and code of conduct of the host organization.
2. Maintain punctuality, discipline, and professionalism throughout the internship period.
3. Complete the tasks and responsibilities assigned to me to the best of my ability.
4. Communicate regularly with my academic supervisor and provide updates on my progress.
5. Maintain confidentiality of any sensitive information encountered during the internship.
6. Submit all required internship reports, evaluations, and documents by the specified deadlines.

I understand that this internship is a vital part of my academic and professional development, and I will uphold the standards expected by my university and the host organization.

Student Signature	Faculty Supervisor Signature	Internship In-charge Officer Signature