

STUDENT CAREER DEVELOPMENT OFFICE

**INTERNSHIP APPROVAL FORM**

Student Full Names:

Ndungu James Kinungi



**Surname**  **Other Names**

**Student ID**: **19s01acs024**  Cell phone No:0757244034

**Email Address (not ANU' s**):kinungijames129@gmail.com

Degree Program/Diploma: Degree 

**Concentration/Major**: Computer Science

Units remaining (excluding current term): 3 Expected year of Graduation: 2023

***(Please attach your filled course planner and transcript)***

**I hereby ascertain that I have met all academic requirements to go on with internship.**

1. I have completed all my 1st, 2nd and 3rd year units (including-UCCs)

YES / NO

1. I have repeated all failed units.

YES / NO

(If not, state which unit, term failed, and reasons for not repeating)





James N 10/30/2022

# **Student Signature Date**

**OFFICIAL SECTION-Department Approval (it should contain the digital signature)**

# **ACADEMIC ADVISOR SECTION**

CONFIRMED by Academic Advisor

NOT CONFIRMED by Academic Advisor.



**Academic Advisor Name Signature Date**

## **HEAD OF DEPARTMENT SECTION**

Head of Department Name:

***I ascertain that the above-named student has met all academic requirements to go on internship. hereby APPROVE him/her for internship.***

I DO NOT approve the above student for the internship. (comment why)

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**Head of Department Signature Date**