ACCEPTANCE FORM

Date: <date when you wrote the letter>

NAME OF STUDENT-INTERN: <your complete name>

This will ( ) allow / ( ) not allow the above-mentioned student-intern to undergo the <#ofhours> hours of internship training in our institution.

To start on : <the start date of your internship>

Schedule / Time : <duration by days e.g., Monday-Friday> <duration by time e.g., 7:00AM to 6:00PM>

**Name and Signature**

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Immediate Supervisor

|  |  |
| --- | --- |
| Position/Title : | <immediate supervisor’s position or title> |
| Department : | <immediate supervisor’s designation or department> |
| Contact Number : | <immediate supervisor’s contact number> |
| E-mail Address : | <immediate supervisor’s email add or company’s email add> |
| Company Name : | <company’s complete name> |
| Address : | <complete address of company> |