

INTERNSHIP PROGRAM APPLICATION FORM

Kindly fill all fields below clearly and sign this form before you submit it to the Career Services Coordinator

Student Name			College			
Student ID			Major			
Nationality		E-mail				
Total Earned Hours		Phone				
Total Registered Hours		Internship Semester				
Cumulative GPA						
Student Signature		Date				
Note: Registrar's Office, please check the appropriate box for each condition below and comment in the space provided: NO YES Student is currently enrolled at PMU Student was enrolled in the previous semester Student has completed successfully 90 credit hours and above Student is in good academic standing Student finished all college requirements (College Core) Student finished ASSE I & II (COB Students)						
Registrar's Office Signature						
The Registrar Office confirms the inj	formation above.					
Registration Officer Name						
Registration Officer Signature						
]	Date					
Career Services Coordin	nator					
Signa	ature					
	Date	_				

Note:

- This form is only an application form for the internship and <u>cannot be considered as a registration for</u>

 <u>the internship course</u>. Students must register for the internship course through Banner after getting the approval.
- Students should be committed to the time period and place of the internship requested on this form unless changes made for severe circumstances, beyond the student's control and at the discretion of the Dean of Student Affairs or his designee.

Dean's Office/ Designee					
Comments					
	Approved	Name of Dean / Designee			
	Declined	Signature			
		Date			
Company accomodated for internship					
Division of Student Affairs					
	Approved	Name			
	Declined	Signature			
		Date			