



AFRICA NAZARENE
UNIVERSITY

STUDENT CAREER DEVELOPMENT OFFICE

INTERNSHIP APPROVAL FORM

Student Full Names:

MAURINE WANGECHI KARABA
Surname Other Names

Student ID: 21501ACSD02 Cell phone No: 0734329735

Email Address (not ANU's): 21501acs@anu.ac.ke karabawangochi@gmail.com

Degree Program/Diploma: Degree

Concentration/Major: Computer Science

Units remaining (excluding current term): 14 Expected year of
Graduation: 2025

(Please attach your filled course planner and transcript)

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

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

YES/NO YES

b) I have repeated all failed units.

YES/NO YES

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

Student Signature

6/03/2024

Date

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

ACADEMIC ADVISOR SECTION

- ☒ CONFIRMED by Academic Advisor
☐ NOT CONFIRMED by Academic Advisor.

Jonah Mawu William *[Signature]* 8/3/2024

Academic Advisor Name Signature Date

HEAD OF DEPARTMENT SECTION

Head of Department Name: Dr. Roche E.

☒ 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)

[Signature]

Head of Department Signature

