INTERNSHIP ACCEPTANCE FORM (OFFICIAL)

Student Details:
- **Name:** George William Russell
- **Student ID:** 2025117029
- **Program:** CDIM262
- **University:** Stanford University

Company Acceptance Details (To be filled by the Employer):

Information Field	Company Response
Company Name	_____
Department Assigned	_____
Internship Start Date	____ / ____ / 2026
Internship End Date	____ / ____ / 2026
Office Location	_____
Monthly Stipend (If any)	$ _____ per month

Supervisor Information:
- **Supervisor Name:** _____
- **Designation:** _____
- **Contact Number:** _____
- **Email Address:** _____

Employer Confirmation:

I hereby confirm that the above student has been accepted to undergo industrial training at our organization for the duration stated above.

Signature: _____ Company Stamp: [ ]

Date: ____ / ____ / 2025