

Internship Approval Form

studentName: checking

emailAddress: asdf@g.com

phoneNumber: 3333333333

degree: Bachelor's

yearOfGraduation: 2222

internshipTitle: af

companyName: afda

stipendPerMonth: 232

location: Onsite

responsibilities: dfafd

duration: 2025-06-02 to 2025-06-04

mentorEmail: pooja.verma@college.edu