

FOUNDATION UNIVERSITY
School of Science and Technology

Student Internship Request Form

Student Details

Name: _____

Fathers/Guardian's Name: _____

Registration No: _____ Degree: _____

Department: _____ Semester: _____

Contact No: _____ Email: _____

Organization Details

Organization Proposed: _____

Organization Contact: _____ Contact Person _____

Internship/Training Duration: From _____ To _____

Date: _____ Student Signature _____

_____ **Office Use Only** _____

Recommended/Not Recommended

HoD Name and Signature: _____

Date: _____