

INTERNSHIP APPLICATION FORM

(To be filled by students. Students MUST get official department approvals and return this form to the Industrial Liaison Office via email to internships@mcbs.edu.om)

Student Name: **Student ID:**

Total No. of Credit Hours Including Current Semester: GPA:

Nationality:

Major: Associate Bachelor

Contact Number:

MCBS Email ID: Personal Email ID:

Require the College to place me for Internship Will arrange my own Internship

Proposed Starting Date: Internship Semester Applied For:

Approval Request

(Note: HOD/Advisor is required to verify the above details provided by the student before approval.)

1. HOD's Name:

Approved Not Approved Signature: Date:

2. Faculty Supervisor:

Approved Not Approved Signature: Date:

3. Academic Advisor:

Approved Not Approved Signature: Date:

4. Registration Department:

Approved Not Approved Signature: Date:

DECLARATION

By signing the form I hereby declare that I will conduct myself according to the rules and regulations of the hosting organization.

Student Signature: **Date:**

INTERNSHIP DETAILS

Internship Organization:

Internship Supervisor Name:

Designation:

Contact Tel: Email:

Duration of Internship: Weeks: OR Months:

Submit the form via email to internships@mcbs.edu.om