LYCEUM OF THE PHILIPPINES UNIVERSITY
MANILA · MAKATI · BATANGAS · LAGUNA · CAVITE

INTERNSHIP OFFICE
Telefax No. (043) 723-5594

STUDENT INTERNSHIP APPLICATION FORM
_____Semester, A.Y: _____ - _____

Date Filed: _____
Student No. : _____

Name: _____
(**Last Name**) (**First Name**) (**Middle Name**)
Course, Year & Section: _____
Address: _____
Contact No. :_____

STEP I: Provide the following data and have it verified at your respective colleges. See prospectus for reference.

Note: Certificate of Grades will be required upon company's request.

Units earned: _____ Total units required for the Program: _____
Units currently enrolled: _____ Units remaining : _____

Note (for COE): *Internship should be allowed if units remaining is 7 and below for ongoing programs prior to enrollment of OJT.*

STEP II: For CITHM students please attached your individual certificate of the Pre-Internship course taken.

STEP III: Proceed to your respective Dean's Office.

ACTION TAKEN: ( ) Approved ( ) Disapproved

Note*: Dean's signature/approval is valid only if the student has passed all the total units required for the Program*

_____ **Date**: _____
Dean/Department Chairperson

_____ **Date: _____**
(Registrar)

STEP IV: Submit the accomplished Student Internship Application Form to Internship Office (INTO).
Company Name: _____
Company Address: _____
Contact Person: _____ **Designation**: _____
Contact Number: _____ **Facsimile**: _____