

OFFICE OF THE VICE CHANCELLOR OF ACADEMIC AFFAIRS
REGISTRAR'S OFFICE

NATIONAL ID STUDENT:
USM STUDENT ID:

A: ORGANIZATION INFORMATION

Student:

Degree Program/major:

Period: From:..... To:.....

Organization:.....

Address:..... PO Box:..... City:.....

Phone Company:..... Org. National ID Company:.....

I. DESCRIPTION OF TASKS PERFORMED:.....

.....

II. OBSERVATIONS:.....

.....

III. NAMESUPERVISOR:.....

.....

Position:..... Date:.....

.....
Supervisor's Signature (with Official Seal)

B: USM DEPARTMENT COORDINATOR

Type of Internship []Operational []Industrial []Professional
Recognized Duration []Month(s) []Month(s) []Month(s)
Approved []
Rejected []

.....
Coordinator's Signature and Date

C: REGISTRAR'S OFFICE

Certification:

.....
Date

.....
Registrar's Signature