



## Student Summer Training Request Form

### 1. Personal Information

Full Name		CGPA	
Student ID.		Email Address	
Program		Phone Number	
Year of Study		Date of Request	

### 2. Training Details

Training Site	
Desired Training Start Date	
Desired Training End Date	
Preferred Department/Area of Focus <i>*Based on your level</i>	
Alternate Department/Area of Focus (if applicable)	

I understand that the training requires my full commitment and that I will complete the assigned tasks and responsibilities to the best of my ability. In the event that I need to discontinue my summer training under any circumstances, I will inform the Training and Internship Affairs Directorate promptly and follow the prescribed process.

**Student Name and Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_.

<b>Department Head Approval:</b>	<input type="checkbox"/> <b>Approved</b>	Name:	
	<input type="checkbox"/> <b>Rejected</b>	Signature:	Date:
<b>Training and Internship Affairs Directorate Approval:</b>	<input type="checkbox"/> <b>Approved</b>	Name:	
	<input type="checkbox"/> <b>Rejected</b>	Signature:	Date:
<b>Vice Dean of Students Affairs Approval:</b>	<input type="checkbox"/> <b>Approved</b>	Name:	
	<input type="checkbox"/> <b>Rejected</b>	Signature:	Date: