



جامعة الفيصل
Alfaisal University

College of Business

Internship Application Form for Academic Credit

Name (first, middle, last): _____

Student ID: _____ Current GPA: _____ Phone Number: _____

COB Concentration: _____ Expected graduation date: _____

Approved Company: _____ Company Address: _____

Supervisor Contact Info (Email): _____ Phone: _____

Please indicate the semester and the year you would like to participate in an internship:

Fall ___ Spring ___ Summer ___ Year: _____

Please indicate the total number of academic credit hours you already completed: _____

My signature indicates that I agree to:

- Represent Alfaisal University in a responsible manner.
- My dress and behavior will meet the accepted standards of my Internship site organization.
- I will perform my duties to the best of my ability and comply with all reasonable directions given by the Internship site organization.
- I will not take any course while doing my internship without previous approval from COB.

Student Signature

DATE