

# College of Business



جامعة الفيصل  
Alfaisal University

## Internship Intent/Application Form for Academic Credit (Before Registering)

Name (first, middle, last): \_\_\_\_\_

Student ID: \_\_\_\_\_ Current GPA: \_\_\_\_\_ Phone Number: \_\_\_\_\_

COB Concentration: \_\_\_\_\_ Expected graduation date: \_\_\_\_\_

Approved Company: \_\_\_\_\_ Company Address: \_\_\_\_\_

Company Address (cont.) \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

Supervisor Contact Info (Email): \_\_\_\_\_ Phone: \_\_\_\_\_

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

Fall \_\_\_ Spring \_\_\_ 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 written approval from COB.

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Student Signature

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Date

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Signature of the Internship Office Manager

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Date

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Academic Supervisor Signature

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Date