

## Department of Computer Engineering (CE) CUI-LHR/CE/TEMP/4595 (Rev 00)

## **Internship Request Form**

| Applicant's Name:  | Father's Name: |
|--|----------------|
| Registration No.:  | Semester:      |
| Contact No.: Email:  |                |
| Major Course:  |                |
| Field of Interest:   |                |
| Preferred Industry/Firm (if any):                          |                |
| Concerned Office of Preferred Industry/Firm:               |                |
| Applicant Signature:                                       | Date:          |
|  |                |
| For Office Use Only:                                       |                |
| Reference No.:   | Dated:         |
| Signature: Convener, Collaboration and Outreach Committee: |                |
|  |                |