



INTERNSHIP REFERENCE LETTER REQUEST FORM

(Please fill in CAPITAL letters with correct spellings)

(Reference letter will be issued after a minimum of 48 hours after you get it approved from your coordinator)

Internee Information

Student Name: _____ Class _____

Residential: _____ Cell(s): _____

Residential Address: _____

Email(s): _____

Organizational Information

Name of Organization: _____

HR Manager: _____

Office Address: _____

Office Tel: _____ Fax: _____

Email (Optional): _____

For Office Use Only

ACCEPTABLE/ NOT ACCEPTABLE: _____

Coordinator

Date

Executive Development Officer

Date