

CAREER MANAGEMENT CENTER (CMC)
Preston University, Islamabad Campus

INTERNSHIP APPLICATION (SUMMER)

Request Date: _____

Student's Name: _____

Registration # _____

Program: _____ Morning / Evening

Majors: _____ **Semester:** _____

Postal Address: _____

Contact # _____ **E-mail:** _____

Internship Duration: _____

Organization (if any): _____

Name of the Addressee: _____

Job Title of the Addressee: _____

Organization Name, Address, Contact _____

Prior Internship Exp.: _____

Receipt of Internship Guidelines: _____

CMC Comments: _____