



## Internship Verification Form

**Student:** Please complete this form with your work supervisor as soon as possible after the internship has begun and discuss with your academic advisor. Please type the information, print, and sign.

1. Student ID \_\_\_\_\_
2. Name \_\_\_\_\_
3. Name of the Project \_\_\_\_\_
4. Name & Main Address of the Organization \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_  
E-mail: \_\_\_\_\_
5. Address of Your Work Site \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_  
E-mail: \_\_\_\_\_
6. Supervisor name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_  
E-mail: \_\_\_\_\_
7. Your Residential Address During the Internship \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_  
E-mail : \_\_\_\_\_

I hereby inform AIT that I have joined \_\_\_\_\_ for an internship during the period of \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Supervisor:** Please verify the student's information above and sign below.

I certify that the above-mentioned student has joined our organization for an internship during the specified period.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date