



Application Form

Date: ____ / ____ / ____

Applicant Information

First Name: _____ Last Name: _____ Nickname: _____

ID. Number: _____ Mobile No. _____

Email: _____ GPA. _____

Trimester: _____ Year _____ Duration From: _____ - _____

Organization Information

Please be reminded that you must contact the organization of your choice to find out the likelihood of being accepted for the internship before filling out this part.

Organization Name: _____

Department: _____

Address: _____ Website: _____

Contact Person: _____ Position: _____

Phone No: _____ Fax No: _____ Email: _____

Will you be taking any course in the same trimester as taking Internship II Yes No

If yes, please indicate the course's name and schedule _____

1) Academic Advisor: _____ Date: _____

2) Program Director/Chair: _____ Date: _____

3) Registrar Officer: _____ Date: _____

Important Note:

***Attach a resume and a 2-inch photo with this form before submitting it to THM Office.**