

APPLICATION FORM FOR MBM INTERNSHIP/WORK PLACEMENT (ODMX6996) AND BUSINESS CONSULTANCY PROJECT (ODMZ6146)

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| --- | --- | --- | --- |
| **Name** | : |  | |
| **Matric No.** | : |  | |
| **Semester** | : |  | |
| **E-Mail** | : |  | |
| Telephone | : |  | |
| **INTERNSHIP or WORK PLACEMENT** (Please Circle)  **BUSINESS CONSULTANCY TOPIC/AREA :** | | | |
|  | | | |
| **Proposed Supervisor** | : |  | |
| **SUPERVISOR** (Please Tick) **Signature and stamp : Date :**  **Agree** **Disagree** | | | |
| **ENDORSEMENT BY MBM DIRECTOR** | | | |
| **ENDORSED/NOT ENDORSED**  **Signature and stamp :** **MBM Director** | | | **Date :** |
| **APPROVAL BY DEAN** | | | |
| **APPROVED/NOTAPPROVED**  **Signature and stamp :**  **Dean OYAGSB** | | | **Date :** |