



APPLICATION FOR INTERNSHIP POSITION APPROVAL INTERNSHIP PROGRAM

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

TIM 100 COMPLETED? Y ___ N ___ SEMESTERS

TIM 101 COMPLETED? Y ___ N ___ COMPLETED AT UHM: _____ EMPHASIS: _____

Application is made for: TIM TIM TIM
 200 300 400

If you have completed TIM 200 please list type of internship and company name:

For International Students: New Permit Renewal of work permit

I request approval for the Internship Position of: _____

Regular Semester		Break/Summer	
Hours/Week:		Hours/Week:	
Starting Date:		Starting Date:	
Ending Date:		Ending Date:	

Company Information

Company: _____

Address: _____

Supervisor / HR Representative & Title: _____

Phone: _____ Email: _____

Upon signing this application form, you must agree to and meet the following conditions:

- (a) I (a foreign student) agree to comply with regulations of the Immigration and Naturalization Service pertaining to students' visas. Failure to comply with regulations is sufficient grounds for not receiving credit for internship courses and loss of student visa status. (b) I am now a registered student in the TIM program.
- (c) I hereby give permission to the School of TIM to verify my employment history with the above mentioned employer.

Student Signature: _____ Date: _____

Approved: _____ Date: _____

(Director of Internship & Career Development)