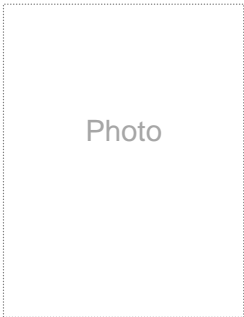




ACADEMIC INTERNSHIP Application Form



Photo

JINAN UNIVERSITY
Undergraduate Program

Program Description: JINAN University facilitates unpaid full-time and part-time internships during the summer semester. The Internship program provides students with a wide range of experiences designed to provide insight into the daily workings of a professional environment.

Please complete the following form and sign and date this document. Your eligibility will be verified by the Dean's Office. Meeting the criteria does not guarantee that a placement will be found. Each Applicant must be entering in third year and/or have achieved a minimum cumulative average of 72 credits.

General information	Name: _____	Student ID: _____	
	Faculty: _____	Major: _____	
	Date of Graduation / /20 (dd/mm/yyyy)		
	Date of birth: / /20 (dd/mm/yyyy)	Place of birth: _____	
	Nationality: _____		
Mailing address	Street: _____	City: _____	Country: _____
	Telephone: _____	Mobile: _____	E-mail: _____
	Post code: _____		
Preferred internship assignment	<i>To facilitate placement, please indicate in order of priority (maximum 3 areas) the preferred areas of activity for which you wish to be considered for internship based on your educational background and interests:</i>		
	1st priority: _____	2nd priority: _____	3rd priority: _____
Dates proposed for the Internship	From: /20 (month/year)		
	To: /20 (month/year)		
	Compulsory internship : <input type="checkbox"/> Yes <input type="checkbox"/> No		
Indicate the reasons of your choice (max 300 words)	_____		

Please specify education programs starting from the latest.					
Year	School/College/University (name, place)	Degree	Major		
Education					
Mother tongue: <input type="checkbox"/> Arabic <input type="checkbox"/> English <input type="checkbox"/> French					
Enter appropriate letter from coding below to indicate the level of your knowledge.					
A- Professional Fluency: Able to converse actively at high level of fluency and prepare reports and papers					
B- Working Knowledge: Able to follow work-related discussions, use the telephone, and understand documents-grammar.					
C- Limited Knowledge: Able to understand simple conversations and written texts.					
Language skills	Language	Understand	Speak	Read	Write
	Arabic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Others:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For computer skills please check the box.					
Computer skills	<input type="checkbox"/> Word processing		<input type="checkbox"/> Graphics/Image/Photo software		
	<input type="checkbox"/> Spreadsheets		<input type="checkbox"/> Financial software:		
	<input type="checkbox"/> Data bases		<input type="checkbox"/> Web browser /E-mail		
	<input type="checkbox"/> Presentation software		<input type="checkbox"/> Other software (Please specify below)		
List positions held in reverse order, (starting with the current/latest one):					
Professional experience	Date:	From: /20 (mm/yyyy)			
		To: /20 (mm/yyyy)			
	Job title:				
	Employer:	Name:			
		Address:			
		Tel:		Fax:	
		E-mail:			
	Description of your duties and responsibilities:				
	Date:	From: /20 (mm/yyyy)			
		To: /20 (mm/yyyy)			
Job title:					
Employer:	Name:				
	Address:				
	Tel:		Fax:		
	E-mail:				
Description of your duties and responsibilities:					

Academic achievements	<i>Please indicate any academic published works and other recognized achievements and/or any previous practical experience you may have, giving details of your duties.</i>

References	<i>List persons not related to you, who are familiar with your character and qualifications</i>	
	I/	
	Name:	
	Occupation/ Business, Title:	
	Contact details:	
	II/	
	Name:	
	Occupation/ Business, Title:	
	Contact details:	
	III/	
	Name:	
	Occupation/ Business, Title:	
Contact details:		

I certify that my answers to the above questions are true, complete and correct to the best of my knowledge and belief.

Student's Signature:		Date:	/ /20 (dd/mm/yyyy)
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Office Use only			
Approval of Dean:	Name	Signature	Date: / /20 (dd/mm/yyyy)
Internship Coordinator	Name	Signature	Date: / /20 (dd/mm/yyyy)
Company/Institution assigned for Internship	Name:		Contact person
	Address:		
	Phone:		Fax:
	Internship Dates:	From: /20 (month/year)	To: /20 (month/ year)
	Name	Signature	Date: / /20 (dd/mm/yyyy)
Approval of Company /Institution Manager			