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 :** |