

OFFICE PRACTICE FORM

Student Name:

LAU ID:

Dear Prospective Employer,

The student whose name appears above is enrolled in the Bachelor of Science in Graphic Design program at the Lebanese American University.

As part of their program requirements, students are required to work during one term in related creative industries to graphic design. The work period should cover a minimum of 15 weeks of full time work [approximately 600 hours]. Students may not begin their practice before having this form filled out and signed by your company. We appreciate your assistance in providing a working opportunity for our students, and would be interested to hear your comments at the end of their training. Your input and evaluation are crucial for the improvement of the education of our graduates.

COMPANY INFORMATION AND APPROVAL [to be filled out by the company representative]

Company Name:

Address:

Phone Number: Website:

Contact Person:

Phone Number: Email:

By signing this sheet, I, the above named, on behalf of the company outlined above, testify that Mr./Ms. has been officially accepted to do their internship practice at our company during the spring of, and would be given an official letter to certify this at the end of their internship.

Contact Person Signature: Date:

INSTRUCTIONS

1. Student is responsible for having this form completed and signed by the instructor before beginning the internship.
2. Student is responsible for observing the requirements of the internship and submitting a detailed daily report (2000 words) at the end of the internship, outlining in detail the scope of work done and his/her role in it, including samples of work (with permission of the company) and other documentation in the form of personal sketches and photographs (if possible)..
3. The company is expected to monitor and evaluate the student work, and report to the instructor any violation of the students work commitment.
4. Student will not be given credit for this course unless these criteria are all met.
5. For any additional information please contact the instructor.

INSTRUCTOR: Name: Signature:

Contact: