



Office Practice Form

Dear Prospective Employer

The student whose name appears below is enrolled in the Bachelor of Architecture Program at LAU. As part of their program requirements, students are required to work during one summer term at a company that offers a professional engineering practice in their field of specialization. The work period should cover a minimum of 4 weeks of full time work [at least 200 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.

Student Information [to be filled out by the student]

Student Name: _____ LAU ID# _____

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 summer 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 department chair before beginning the internship.
2. Student is responsible for observing the requirements of the internship and submitting a detailed report [A-4] at the end of the internship, outlining in detail the scope of work done and their role in it, as specified by each Department.
3. The company is expected to monitor and evaluate the students work, and report to the Department chair any violation of the students work commitments.
4. Students will not be given credit for this course unless these criteria are all met.
5. For any additional information please contact the Department Chair.
Department Chair: Dr. Rachid Chamoun / Architecture/09-547254 ext. 2252

Chair Signature: _____ Date: _____