



“ANNEX B”

FDA STUDENT INTERNSHIP PROGRAM (SIP) APPLICATION FORM

(Submit along with Resume/Curriculum Vitae and Endorsement Letter)

Last Name: _____ **First Name:** _____ **Middle Name:** _____

Course: _____ **School:** _____

School Address: _____ **Required No. of Internship Hours:** _____

Mobile No.: _____ **Email Address:** _____

School Internship Coordinator: Mr/Ms.: _____

Semester Schedule: **Full Time** (*Monday-Friday*) **If not, pls. specify the schedule:** _____

Learning Objectives:

- 1.
- 2.
- 3.
- 4.
- 5.

Terms and Conditions:

1. Evaluation of application shall be done on a first-come-first-served basis. The FDA SIP Coordinator shall provide feedback in the application, within two (2) weeks upon receipt of application form;
2. The FDA HRDD shall determine the FDA Center/Unit to which the student shall be assigned to ensure that the work assignment will meet the course objectives;
3. Internship deployments shall be available throughout the year based on the needs of the FDA and subject to the approval of the FDA HRDD; and
4. The duration of the internship period shall be in accordance with the approved University/School curriculum.

I understand and agree to the Terms and Conditions.

Name and Signature of the Student Applicant

Name and Signature of the School Focal Person