

iBBA Internship Form

SB/INTL 4100.030 (3.0 SSB Elective Credits)

Student Name:		Year Level	
Student Number:		Term & Year: Summer 2	
Course Leader: Assoc	Prof. F. Zandi . Program Director		
1. Internship Loc	cation:		
Company:			
City/Coun	try:		
2. Internship Du	ration:		
Start Date	:	End Date:	
Course Leader Sigi (please attach cour			
Undergraduate Program Office: (Assoc. Dir. or Program Advisors) Philip Shea for Risk & Responsibility: Assoc. Director, International Relations			
Student Signature:			
Date:			
To register, pleas June 2008	e return the completed form	to International Relation	s Office – SSB W263K
Office use only	Coded	Copied	_Date

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