

SIMAD UNIVERSITY



جامعة سيماد

JAAMACADDA SIMAD

The Fountain of Knowledge and Wisdom

منبع المعرفة والحكمة

Faculty of Management Sciences

INTERNSHIP APPLICATION FORM

Please submit an internship application form and your résumé to be considered for an internship.
Send both documents to fms@simad.edu.so

Student Name : _____

Class Name : _____ Email: _____

Student ID : _____

Semester : _____ Mobile Number: _____

IN CASE OF EMERGENCY CONTACT

Name : _____

Relationship: _____

Mobile Number: _____

Areas of Interest: Please select the following options

1. Private Sector
2. SIMAD University

I certify that my answers are accurate and complete to the best of my knowledge. If this application leads to acceptance into the internship program, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____

Date: ____/____/____