

CDE5000 Industrial Project and Attachment

To be filled out by applicant

Name: _____ OAP Application Number: _____

Email Address: _____ Contact Number: _____

Title of Project: _____

Nature of Project: _____

Project Objective: _____

_____ (a separate sheet may be appended)

Project Description: _____

_____ (a separate sheet may be appended)

Requirements: State the software and hardware required to execute the project including their availability

Student's Signature: _____ Date: _____

Industrial Project and Attachment Information – To be filled out by industry supervisor

Name of Company: _____

Address of Company: _____

Supervisor's Name and Title: _____

Supervisor's Email Address: _____ Contact Number: _____

Supervisor's Comments: _____

Supervisor's Signature: _____ Date: _____

Industrial Project and Attachment Information – To be filled out by NUS advisor

Advisor's Name and Title: _____

Advisor's Department: _____

Advisor's Email Address: _____ Contact Number: _____

Advisor's Comments: _____

Advisor's Signature: _____ Date: _____

FOR CDE OGP ONLY

A signature below indicates that the student has been granted approval to participate in the internship program. If the application has been reviewed by OGP and a signature has not been obtained, the application is deemed rejected.

Internship Coordinator's Signature

Date