

Internship Placement Consent Form

Date: **[Insert Date]**

To Whom It May Concern,

I, **[Your Name]**, hereby give my consent for my internship placement at **[Company Name]**, located at **[Company Address]**, starting from **[Start Date]** to **[End Date]**.

I understand the roles and responsibilities expected of me during this internship period, and I am committed to upholding the standards of the company.

I am aware that this internship is part of my academic program and that my performance will be monitored throughout the placement.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Student ID]

[Your Contact Information]