

INTERN ATTENDANCE AGREEMENT

To be filled in triplicate and signed by both the Intern and Mentor

Start Date	
End Date	
Working hours per week	
Total internship duration (number of days)	
Physical address(es) of the internship site	

Intern's Signature

Date

Mentor's Signature

Date

Internship Coordinators Signature

Date

NB: *One copy should be returned to the ICT Commission, one copy retained by the Mentor and another copy for the Intern*