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| **UNIVERSITAS AIRLANGGA FACULTY OF PHARMACY** | Form Number :**F. 1.4.2.4.2** |

INTERNSHIP PERMISSION REQUEST/RECOMMENDATION FORM

Dear Vice Dean

Faculty of Pharmacy Universitas Airlangga Fakultas Farmasi Universitas Airlangga

I, undersigned below :

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s telephone no. :

Internship institution : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution’s address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of internship : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person (if any) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone no. : \_\_\_\_\_\_\_\_\_\_\_

Requests for the following internship recommendation and facilitation :

* Internship permission/recommendation letter
* Internship supervisor assignment letter
* Others : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Please mark any documents you need

Thank you for your attention.

Surabaya, . . . . . . . . . . . . . . . . . . . .

Acknowledged by, Applicant,

Student Advisor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
NIP. NIM.

Acknowledged by,

Bachelor Study Program Coordinator

Chrismawan Ardianto, MSc., PhD., Apt
NIP. 198402292008011003