

INTERNSHIP WAIVE / OPT-OUT FORM

Student Information

Last Name, First Name MI.	Student ID#	Cycle
Program/Course Enrolled		

Internship Option

<input type="checkbox"/> Waive <i>(Complete Employment Details section below)</i> <input type="checkbox"/> Opt Out Reason: _____ _____
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Employment Details

To be completed by employer and/or Human Resources (HR) Department only.

Company/Organization Name		
Company Contact Number & Address		
Supervisor & Job Title		
Student's Position/Job Title	Student's Start Date	Hours Worked per Week
Student's Job Duties		

I hereby acknowledge and agree to the following: 1) NMTEch has encouraged me to pursue my internship, 2) I have voluntarily chosen not to fulfill the supplemental internship hours for my course(s) for the reason(s) outlined above, 3) my Certificate of Completion and/or Student Certification will not reflect internship details, and 4) I forgo the opportunity to complete my internship in the future.

Student Signature Date

Parent Signature (If student is under 18 years of age) Date

Employer's Signature Date

For Student Services Use Only
Received: _____ Instructor/SME: _____ Approved: _____

Notice of Northern Marianas Technical Institute Student Non-Discriminatory Policy: The Northern Marianas Technical Institute provides equal opportunity in education and employment and does not discriminate on the basis of race, color, national origin, sex, sexual orientation, gender identity, age, perceived or actual physical or mental disability, pregnancy, genetic information, creed or religion.