

# Air University (Placement Office)

Received by  
Signature/  
Date

## LETTER REQUEST FORM

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

(BLOCK LETTERS)

Registration No.: \_\_\_\_\_ Discipline: \_\_\_\_\_

Semester: \_\_\_\_\_ Section: \_\_\_\_\_

Tel (Res.): \_\_\_\_\_ Cell: \_\_\_\_\_

Letter Request for (please check appropriate box):

1. Internship
2. Placement

Student Signature \_\_\_\_\_

Date: \_\_\_\_\_

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For office use only

1. Verify with ID Card
2. Verify from system
3. Issued/Decline