



Internal Internship Release Form

NAME (Block Letters) _____

STUDENT ID#: _____

I am currently pursuing the programme _____ and request a release from TTHTI Internal Internship.

Please Indicate any Previous Programme (s) Completed at TTHTI

Programme Name: 1. _____

Start Date: _____ End Date: _____

Programme Name: 2. _____

Start Date: _____ End Date: _____

Please indicate the Industry Placement for which the release is being requested:

COURSE NAME & CODE – *(please tick appropriate boxes)*

- Associate Degree
- Industry Placement 1 (HTM 100)
- Diploma
- Industry Placement 1 (HTM 120)

State Reason(s) for Release

Kindly attached evidence to support your request *(the period of study must be equivalent to a minimum of 1 year experience and must be related to your field of study at TTHTI)*

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Signature _____
Date

Encl.



TTHTI

Trinidad and Tobago
Hospitality and Tourism Institute

STUDENT SERVICES
DEPARTMENT
Telephone: (868) 634-
4250/2146/2147

#SSD005

Internal Internship Release Form

FOR OFFICIAL USE ONLY

Documents Received:

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Received by(Print Name): _____ Signature: _____

Date: _____

Approved Not Approved

Authorized by(Print Name): _____ Signature: _____

Date: _____

Feedback given to student by

_____	_____	_____
Name of Officer	Signature of Officer	Date
_____	_____	_____
Name of Student	Signature of Student	Date