



Office of the Minister of State for Administrative Reform
Request for Intern

Requested Intern Position:

Number:

Requested by:

Title:

Department/Team:

Duration of internship:

From:

To:

Working days/working hours:

Duties & Responsibilities

Deliverables

Intern Qualifications

Degree:

Bachelor

Master

Undergraduate Student

Major/emphasis:



Office of the Minister of State for Administrative Reform
Request for Intern

Language skills: English Arabic French Other:

Computer skills:

Other skills:

Proposed Candidate(s)

Name(s)

Candidate(s')

Qualifications

Requestor Information and Approvals

Requestor's Name:

Request Date:

Requestor's
Signature:

Supervisor's Approval

Minister's Approval

Date:

Date:

Intern Name :

Page 2 of 2

Intern Signature :