



St. Paul Institute of Professional Studies

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Consent of the Guide (For Internship Training / Project Work)

Name of the Student: _____ **LET YOUR LIGHT SHINE**

Class: _____

I am pleased to know that you are interested to pursue your Internship Training/Project Work in _____ (topic/organization).

I appreciate your sincere efforts for the same.

- I hereby give my consent to supervise your work.
- I am sorry, I am unable to take you under my guidance, as _____

Name and Signature of the Faculty: _____

Department: _____

Date: _____

(To be preserved by the Student in order to be attached to the Final Project Report)