**EMU CMSE400 Summer Training Confirmation Form**

Company Name: Company Address: Company Tel. No:

Name of Student: Contact Person:

Start Date: End Date:

The work to be done by the student (tick all that apply):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Systems analysis and design |  | Software design and development |  | Software quality assurance and testing |
|  |  |  |  |  |
| Developing software applications according to modern SDLC methodologies |  | Network management and configuration |  | Database management systems |
|  |  |  |  |  |
| Communication systems |  | Web applications |  | Security of software and systems |
|  |  |  |  |  |
| AI applications in industry |  |  |  |  |
| Others (require confirmation of the department): |
|  |

Official Signature and Stamp of the Company: