



I PARTICULARS OF STUDENT

Student Name: _____ Student No.: _____

Contact No.: _____ E-mail: _____

Major: Accounting Business Analytics Finance Human Resources Management International Trade

Marketing Supply Chain Management

II INFORMATION OF INTERNSHIP

Business Name: _____ Business Contact No.: _____

Business Address: _____

Name of Responsible Personnel: _____ Title of Responsible Personnel: _____

Contact No.: _____ Email: _____

Position: _____ Department: _____

Start Date(DD/MM/YYYY): _____ End Date(DD/MM/YYYY): _____

Approximate Weeks: _____ Approximate Hours: _____

1. 180
According to the course requirement, the internship must be 180 hours.
2. As per labour law, non-local students cannot receive any payment for the internship
3. < >
Please complete <Student Internship Evaluation> and return to the school at the end of the internship
4. 8 ()/1 ()/5 ()
Students must obtain approval from the school before participating in the internship. Application results will be released to companies/organizations via email in late August (fall semester)/ late January (spring semester) / May (summer).

/ Department or Company Chop

Please attach Internship Contract or Acceptance offer

III DECLARATION

1. Upon the approval by Department Head, no internship side change is allowed
- 2.

I declare that the information provided in this application form is true and correct; I have also acknowledged and understood the Personal Data Collection Statement of Academic Registry of Macau University of Science and Technology. I declare that I shall take full personal responsibility and liability for any consequences resulting from the dishonest use of such documents.

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY

A. _____ : _____

B. Head of Department Approved Denied
_____ PD Signature: _____