



**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: \_\_\_\_\_