



澳門大學  
UNIVERSIDADE DE MACAU  
UNIVERSITY OF MACAU

**CISC7397 Internship and Report  
Internship Acceptance Form**

Department of Computer and Information Science  
Faculty of Science and Technology

===== To Be Completed by the Student =====

Student Name:	Student ID:
Contact Number:	Cumulative GPA:
Proposed Internship Period:    /    /    to    /    /	

===== To Be Completed by the Company =====

Name of Company:			
Address:			
Contact Person Information (Site Supervisor)			
Title: (Dr. / Mr. / Ms.)		Name:	
Job Title:		Department:	
Contact Number:		Email:	

On behalf of \_\_\_\_\_ (Company Name), we accept \_\_\_\_\_ (Student Name) to perform an internship in our company in partial fulfillment of Master of Science Degree in Financial Technology. We acknowledge that the internship hour must be ranged between 600 and 720 hours, and the academic supervisor of the student has the right to have regular site visits and/or communication with the site supervisor during the internship period according to the Guidelines on “Project Report” & “Internship and Report” for Master of Science Programme in Financial Technology. At the end of this internship, we shall complete a performance evaluation form, which should be signed by the student, and his/her site supervisor(s) with company stamp.

Signature of Site Supervisor:

Company Stamp:

\_\_\_\_\_  
Date:



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Please submit the below document to the Department of Computer and Information Science (CIS), Faculty of Science and Technology (FST).

- Internship acceptance form
- Biography of site supervisor
- Self-initiated intern proposal<sup>(1)</sup>

===== To Be Completed by the Department of CIS, FST =====

Date Received: \_\_\_\_\_ Log Number: \_\_\_\_\_

Checked by: \_\_\_\_\_ Date: \_\_\_\_\_

Checklist:

- Internship acceptance form
- Biography of site supervisor
- Self-initiated intern proposal

===== To Be Completed by the Departmental Internship Committee =====

Based on the submitted information, the committee:

<input type="checkbox"/>	Agreed that the student is eligible to enroll “Internship and Report”
<input type="checkbox"/>	Disagreed that the student is eligible to enroll “Internship and Report” with the below justification:



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Remark:

(1) Self-initiated intern proposal should include but not limit to the below information:

1. Project title
2. Project information
3. Student's role in the project
4. Job description and responsibility
5. Company background
6. Biography of site supervisor
7. Organizational chart of the company and the department which the student will perform the internship
8. Training scheme or work plan
9. Expected competences to be achieved after the internship and corresponding plan of training activities (See below as an example)

Expected competences	Plan of training activities
Understanding the importance of health and safety	Attend the training workshop on health and safety provided by the company

10. Statement of declaration (See below as an example)

### Statement of Declaration

I \_\_\_\_\_ (Student Name) declare that all information given in this application form is correct, complete and true. I also acknowledge that \_\_\_\_\_ (Academic Supervisor Name) will act as the academic supervisor, and \_\_\_\_\_ (Site Supervisor Name) will act as the site supervisor of my internship.

Signature of Student:

Date:

\_\_\_\_\_

\_\_\_\_\_



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I \_\_\_\_\_ (Academic Supervisor Name) hereby declare that all information in self-initiated intern proposal is correct, complete and true. I also agree to all internship arrangement stated in the self-initiated intern proposal and will take full responsibilities in supervising the student during the internship period.

Signature of Academic Supervisor:

Date:

\_\_\_\_\_

\_\_\_\_\_

I \_\_\_\_\_ (Site Supervisor Name) hereby declare that all information in self-initiated intern proposal is correct, complete and true. My company and I also agree to all internship arrangement stated in the self-initiated intern proposal. I will take full responsibilities in supervising the student during the internship period.

Signature of Site Supervisor:

Date:

\_\_\_\_\_

\_\_\_\_\_

Company Stamp:

\_\_\_\_\_