THE HONG KONG UNIVERSITY OF SCIENCE & TECHNOLOGY INDUSTRIAL TRAINING CENTER

Application for Exemption of Industrial Training by Internship

Students should submit this application form to the Industrial Training Center at Room 6533 (Lift 27/28) or fax it to 35280143 <u>two weeks before the start of the internship</u>.

A. Student Informatio	n					
Name of Student:			Student ID:			
Email:			Contact Phone No.:			
Program of Study:			Year of Study:		Group:	
B. Internship Details (as detail as possibl	e)	_			
Name of Company:						
Position:			Name of Departm	ent:		
Company Address:						
				Co. Phone N	lo.:	
Period of Internship:	From:		to			
Internship referred by: (please ☑)	Industrial Training below. For the list	nternship fou Coordinator of IT Coordi	☐ Department ☐ SA nd from 'Other' source, or Dept. Internship Sup- nator and Internship Sup HTML01/main2.htm or so	you need to seel ervisor prior app ervisor, you may	k either the Dept. plication approval visit ITC website	
Leave approved by Departmental Industrial Training Coordinator / Dept. Internship Supervisor:				By Prof. Date:		
Comments (if any):						
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 (2) I have to submit be downloaded f (3) The exemption i during the intern The exemption v (4) Even my leave i However, I prefiabove mentioned graduation. 	ding 1. have not 5. eave for the above r an Internship Report http://home.us/s s not guaranteed, i ship. It is my respevill only be conside s approved; I needer to take the risk	modules when the within 2 t.hk/~iteproj. t all depend on sibility to red based on to take the condition to defer take	2. 6. en my internship has tim weeks upon completion /1201/HTML01/data/A s on the relevancy of t record down the jobs d the information provide outstanding modules at ing those modules and exempted, I need to m	n of the internsl ll Forms.zip he actual work lone as detailed led in the International some other time apply for exensake up those of	done and my per as possible for as ship Report. he when they are aption. In case a	rformance sessment. available. any of the
Student's Signature:				Date:		
For Office Use Only		,				
Leave confirmed by l	ndustrial Training	Center N	ame:		Date:	
Exemption Assessmen Comments from the Depa		Training Co	ordinator:			
☐ All the above outstan☐ The following modul	-	xempted.				
Signature:	•	Name:	Prof.		Date:	