TUNG WAH COLLEGE
Student Affairs Office
Work-Integrated Learning Programme
Internship Record & Completion Certificate

PART A – STUDENT INFORMATION

Student name: _____ Programme of study: _____

Student ID: _____ Major of study: _____

Cohort: _____ Contact number: _____

PART B – INTERNSHIP INFORMATION

Name of organisation: _____

Address: _____

Industry/sector: _____ Website: _____

Work Supervisor: _____ Position: _____

Telephone number: _____ Email: _____

Intern title: _____

Department in which the internship was carried out (if applicable): _____

Internship period: from _____ (dd/mm/yyyy) to _____ (dd/mm/yyyy)

Total no. of working hours completed: _____ (must be equivalent to no fewer than 40 hours per week)

Salary/allowance: HK$ _____ ☐ per month ☐ per day ☐ per hour

Provision of relevant documents: ☐ Employment contract ☐ Appointment letter ☐ Reference letter

☐ Others, please specify: _____

(please attach a copy for internal reference if applicable)

PART C: ENDORSEMENT FROM EMPLOYER

Please comment on the student's performance (if any):

_____

_____

_____

Signature of Work Supervisor / Employer: _____

Name: _____

Position: _____

Date: _____ (dd/mm/yyyy)

Company stamp