



澳門大學

UNIVERSIDADE DE MACAU
UNIVERSITY OF MACAU

ACCT3006/3007 Internship for Accounting Function I/ II Internship Acceptance Form

Department of Accounting and Information Management
Faculty of Business Administration

Student Name: _____ Student ID: _____

Contact Number: _____ Gender: _____ Cumulative GPA: _____

Internship period: First / Second semester of _____ (Academic Year)

Program Major: Bachelor of Science in Accounting with Specialization in

Professional Accountancy

Accounting and Information Systems

To Be Completed by the Company

Name of Company: _____

Address: _____

Contact Person:

Title: (Mr. / Ms.) _____ Name: _____

Job Title: _____ Email: _____

Contact Number: _____

We accept _____ (Student Name) for an internship position in our company according to the Student Guidelines for the Application of ACCT3006 Internship for Accounting Function I and ACCT3007 Internship for Accounting Function II (Please tick one box only).

Duration of Internship for Accounting Function I _____ (_____ hours)

Duration of Internship for Accounting Function II _____ (_____ hours)

At the end of this internship, a Performance Evaluation Form shall be completed and signed by the student and his/her supervisor(s) with company stamp.

**PLEASE ENCLOSE A JOB DESCRIPTION OF THE INTERNSHIP POSITION OFFERED*

Signature & Company Stamp: _____ Date: _____

(Please return the completed form to **FBA General Office, the Secretary of Department of Accounting and Information Management**).



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To Be Completed by the Department of Accounting and Information Management, FBA

Date Received: _____ Log Number: _____

To Be Completed by the Internship Instructor

Remarks: _____

Approved By: _____ Date: _____

(Course Instructor)