



Certification of WIE Programme

I. Particulars of Student

TO BE COMPLETED BY STUDENT

Student Name : _____

Student Number :

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 Contact No.: _____

HKID Number :

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 () Email: _____

Programme of Study (Stage) : _____ ()

II. Internship Information

TO BE COMPLETED BY HOST ORGANISATION

Name of Company/ Organization	: _____	
Internship Position	: _____	
Department	: _____	
Period of Internship	: From _____ to _____	
Completed Hours of Service	: _____ hours	
Job Description	: _____ _____ _____	
Endorsement by Host Organisation	: Company Chop	Signature of Supervisor

		Name : _____
		Position : _____
		Date : _____

Remark:

This form can be replaced by document provided and endorsed by the host organisation.