

Hong Kong Shue Yan University
Industrial Attachment Office

Internship Time Record Sheet for Non-local Student

Personal Particulars					
Full Name in English (same as Travel Document):				Full Name in Chinese (same as Travel Document):	
Student ID:		Study Year:		Date of Birth: (DD/MM/YYYY)	

Internship Details			
Name of Internship Agency:			
Address of Internship Agency:			
Name of Work Supervisor:			
Contact Phone No. of Work Supervisor:		Email of Work Supervisor:	

Date	Start Time	End Time	No. of Internship Hours
Total No. of Internship Hours:			

Prepared by

Student Name
Signature of Student
Date