

## **PRACTICUM UNIT Centre for University-Industry Collaboration** UNIVERSITI UTARA MALAYSIA Tel: 04-9284942 Fax: 04-9284935

### **ABROAD INTERNSHIP FORM**

SECTION 1: STUD	ENT INFORMATI	ON			
Name:					
Matric No:		_ Gender:	Male		Female
I/C No / Passport No :					
Home Address:	-				
Program:					
Telephone:		Emai	1:		
Nationality:					
SECTION 2 : COM	PANY DETAILS				
Company Name:					
Company Adress:					
Person Incharge:		P	osition : _		
Contact:	Office :		H/	Phone :	
	Emoil ·		17	lov :	











Intern	nship Duration:	Start				
			Day	Month	Year	_
		End				
			Day	Month	Year	_
Total	Number Of Month:	6 Mor	nths		4	4 Months
SECTIO	N 3: STUDENT DEC	CLARA	ATION			
ultimately		expen	ses ass	sociated		rect and complete. I understand that I am my stay in the above mentioned
	Student's signature				-	Date (day/month/year)
check ONI	Ξ:	FINAN	CIAL S	UPPORT	Γ for the	al source (family, friend, or self). Please e student's training and living expenses ny/organization.
	I will provide PAR	ΓIAL F e length	INANC	IAL SU	PPORT	for the student's training and living and company/organization in the amount
	•	for the e	ntire lei	ngth of s	tudy at	AL SUPPORT for the student's training the mentioned company/organization. I ling is available.
Sponsor's	name					
Relationsh	ip to student					
	Sponsor's signature		_			Date (day/month/year)



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### **SECTION 5: DECLARATION OF CENTER FOR UNIVERSITY-INDUSTRY COLLABORATION (CUIC)**

Signature & official stamp	Date (day/month/year		
CCKLIST			
se (/) the requirements main document l	nas been prepared :		
Letter of offer from the company			
Company profile			
Copy of insurance (must included r	nedical/surgical & accident cover)		













