

Non-local Company Attachment Programme
***** Departmental Support Letter *****

Student Name: _____ Student ID: _____

Internship Programme and Organiser: _____

Host Company / Organization: _____

Work Location (Country and City): _____

Internship Period: _____ to _____
(dd/mm/yyyy) (dd/mm/yyyy)

Confirmation of Departmental Support

To the best of my knowledge, this student is suitable for taking up the above internship.

I expect the student will be benefited from this internship in the following areas:

Name of Programme Leader (or designate) / Academic Advisor: _____

Title: _____

College/School/Department: _____

Phone Number: _____ Email: _____

Signature of Programme Leader (or designate) / Academic Advisor: _____

Department Chop: _____

Date: _____