**DAO Internship Application Form for Enrolling**

**MS 3403**

 **Internship for Decision Analytics and Operations**

**Part I Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name in English |  | Name in Chinese |  |
| Student ID |  | Gender |  |
| Major | BANL/BOM/BDAN/GOM(Year 2 / 3 / 4 ) | Cohort |  |
| Are you in the final semester of study? | Yes / No |  |  |
| Email address |  | Tel. No. |  |
| Signature |  | Date |  |
| **Received by General Office** |  | Date |  |

**Part II: Internship Information**

|  |  |
| --- | --- |
| Name of Company |  |
| Nature of Business |  |
| \*Details of Supervisor | Name: Title:Phone: E-mail: |
| Internship Semester | Summer / A / B |
| Is the internship period longer than 6 weeks in Summer or its equivalent for Part-time (at least 240 work hours) in Semester A or Semester B? | Yes / NoFull-time / Part-time |
| Internship Period |  |
| Monthly Salary or Subsidy (Optional) |  |
| Is a copy of the employment letter (or email if appropriate) attached? | Yes / No |
| Have taken a Pre-internship workshop? | Yes / No |
| Are you using this internship to apply for other credit-bearing course(s)? | Yes / No |

\* The one who (1) has the capacity to fill out the company evaluation form and (2) has an arm-length relationship with you.

**Part III: Statement**

Please state how the internship meets with the CILOs of any courses from your major:

|  |
| --- |
|  |

**Part IV: Declaration**

For takingthecredit-bearing course MS3403, with the following signature, I confirm and agree that (1) 50% of the company evaluation score (i.e., 15 out of 30) may be applied if the department cannot obtain the company evaluation form by the end of the semester; (2) if this is the final semester of my study, I know that my graduation may be postponed because the final grade of MS3403 may not be released as usual; (3) the supervisor does not have any relationships with me, like relatives, classmates, etc.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

**Part V: Approval (to be completed by program leaders)**

I have reviewed the student application and approve/dis-approve\* the proposed internship with the following reason(s) if ANY:

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

*\*Please delete as appropriate*