Date: \_\_\_\_\_\_\_\_\_\_\_\_

School of Accounting and Finance

7/F Li Ka Shing Tower

The Hong Kong Polytechnic University

Hung Hom, Kowloon

Hong Kong SAR

Fax: +852 2774-9364

Email: [afwie@polyu.edu.hk](mailto:afwie@inet.polyu.edu.hk)

Website: [www.af.polyu.edu.hk](http://www.af.polyu.edu.hk)

(Attention: WIE Section)

Dear Sir or Madam

**Acceptance of Non-Local Student Intern for the Work-Integrated Education Program**

This is to confirm our acceptance of the following non-local PolyU School of Accounting and Finance student as a student intern in our organization:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Preferred Period: |  | | to | |  | | | | |  |
|  |  | | | | | | | | | |
| Name of Student |  | | | | | Student ID: | | |  | |
|  |  | | | | | | | | | |
| Student Discipline: | * [BBA (Hons) in Accountancy](http://www.af.polyu.edu.hk/BBA/BBAAM/index.html) (21045) * Double Degree * Others: | | | | | | * [BBA (Hons) in Accounting and Finance](http://www.af.polyu.edu.hk/BBA/BBAAF/index.html) * [BBA (Hons) in Financial Services](http://www.af.polyu.edu.hk/BBA/BBAFS/index.html) * [BBA (Hons) in Accountancy](http://www.af.polyu.edu.hk/BBA/BBAAC/index.html) | | | |
|  |  | | | | | | | | | |
| Name of Organization: |  | | | | | | | | | |
|  |  | | | | | | | | | |
| Internship Location(s): |  | | | | | | | | | |
|  | * Hong Kong | * Mainland China | | | | | | * Overseas | | |
|  |  | | | | | | | | | |
| Nature of Internship: | Full-Time / Part-Time / Ad-Hoc / Project | | | | | | | | | |
|  |  | | | | | | | | | |
| Any Contract of Employment? | 🞏 Yes (Please provide a copy for internal reference.)  🞏 No | | | | | | | | | |
|  |  | | | | | | | | | |
| Type of Work: |  | | | | | | | | | |
|  |  | | | | | | | | | |
| Other Requirements: |  | | | | | | | | | |
|  |  | | | | | | | | | |
| Monthly Allowance(s), if applicable: |  | | | | | | | | | |
|  |  | | |  | | |  | | | |
| Our Contact Person: |  | | | Position: | | |  | | | |
|  |  | | | | | | | | | |
| Telephone: |  | | | Email: | | |  | | | |
|  |  | | | | | | | | | |

It is our understanding that this Work-Integrated Education program is part of the student’s curriculum and a required component for their graduation eligibility. Please note that the above mentioned student is a student on attachment to us and will not be considered an employee of our organization.

For WIE Office use

Endorsed by:

|  |
| --- |
| Date: |

Sincerely

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:

Position:

Cc:

WIE Coordinator – School/Department

Supervisor – Host WIE Organisation