



澳門大學  
UNIVERSIDADE DE MACAU  
UNIVERSITY OF MACAU

**Faculty of Business Administration  
MSc / BSc in International Integrated Resort Management**

**Confirmation of Internship Placement**

~~~~~

Name of Company : \_\_\_\_\_  
 Supervisor/Contact Person : \_\_\_\_\_  
 Job Title : \_\_\_\_\_  
 Contact No. : \_\_\_\_\_  
 Email : \_\_\_\_\_

|                                                |  |
|------------------------------------------------|--|
| 1. Name of Intern                              |  |
| 2. Department(s) the intern will be exposed to |  |
| 3. Interned position                           |  |
| 4. Duration of internship                      |  |
| 5. Total working hours                         |  |
| 6. Other information                           |  |

Job Descriptions:

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

P.S. If more space is needed, please compile the above information in separate sheets.



Company Chop

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