



澳門大學  
UNIVERSIDADE DE MACAU  
UNIVERSITY OF MACAU

## ACCT3006/3007 Internship for Accounting Function I/ II Internship Acceptance Form

Department of Accounting and Information Management  
Faculty of Business Administration

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Gender: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Internship period: First / Second semester of \_\_\_\_\_ (Academic Year)

Program Major: Bachelor of Science in Accounting with Specialization in

Professional Accountancy

Accounting and Information Systems

---

---

### To Be Completed by the Company

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

#### Contact Person:

Title: (Mr. / Ms.) \_\_\_\_\_ Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Number: \_\_\_\_\_

We accept \_\_\_\_\_ (Student Name) for an internship position in our company according to the Student Guidelines for the Application of ACCT3006 Internship for Accounting Function I and ACCT3007 Internship for Accounting Function II (Please tick one box only).

Duration of Internship for Accounting Function I \_\_\_\_\_

Duration of Internship for Accounting Function II \_\_\_\_\_

At the end of this internship, a Performance Evaluation Form shall be completed and signed by the student and his/her supervisor(s).

Signature & Company Stamp: \_\_\_\_\_ Date: \_\_\_\_\_



澳門大學  
UNIVERSIDADE DE MACAU  
UNIVERSITY OF MACAU

**To Be Completed by the Department of Accounting and Information Management, FBA**

Date Received: \_\_\_\_\_ Log Number: \_\_\_\_\_

---

---

**To Be Completed by the Internship Instructor**

Remarks: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

(Course Instructor)

*(Please return the completed form to **FBA Office (E22-3069)**).*