A. Personal Particulars

Student Name ________________________  Student ID _________________________
Study Programme (e.g. 11039-AMP) ______________________  Year of Study ______
Graduation Year (circle one) 2009 / 2010 / 2011 / 2012 / 2013
Phone. ___________________ Email ____________________________________________
Signature _______________________  Date ______________________________

B. Application for

☐ Job Opportunities (please complete Section C)
☐ Internship (please complete Section D)
☐ Student Visits (please complete Section E)
☐ Exchange Programmes (please complete Section F)
☐ Industrial Visits (please complete Section G)
☐ WIE (please complete Section H)
☐ Co-curricular Activities (please complete Section I)

C. Job Opportunities

Job applied for ___________________________________________________________
Job supervisor __________________________________________________________
Available period _________________________________________________________

D. Internship

Institute to visit _________________________________________________________
Visit period _____________________________________________________________

E. Student Visits

Institute to visit _________________________________________________________
Visit period _____________________________________________________________

F. Exchange Programmes

Institute to exchange _____________________________________________________
Exchange period __________________________________________________________

G. Industrial Visits

Company to visit _________________________________________________________
Date of visit _____________________________________________________________
H  WIE
Organization/Activity Name _________________________________________________
Placement Title and Description
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Placement Period: From (yyyy/mm/dd) _____________ To (yyyy/mm/dd) ___________
Supervisor from AP (to be filled in by office) ________________________________

I  Co-curricular Activities
Description of activity _____________________________________________________
Date of activity __________________________________________________________

For WIE/Co-curricular Activity Committee Use Only

Preliminary recognition as:
  WIE component:  □ Yes □ No
  Co-curricular activity: □ Yes □ No