Postgraduate Internship Application Form

Before submitting the application form, graduate students have read and understand the requirements for [Postgraduate Internship Programme](https://www.ntu.edu.sg/graduate-college/student-life/postgraduate-professional-development/postgraduate-internship-programme#Content_C010_Col00).

Graduate students intending to go for internship should complete and submit the application form electronically and send as an email attachment to gradcollege@ntu.edu.sg.

Application is subject to approval by Student’s School and Graduate College.

1. Student Details (To be completed by Student)

|  |  |
| --- | --- |
| ​Student Name in FULL |  |
| Course  |  |
| Matriculation No. |  |
| NTU Email Address  |  |
| School |  |
| Nationality |  |
| Admission Year (Month/Year)*eg. 20XX/Jul* |  |
| Contact Number |  |
| Funding Agency |  |
| Completed Qualifying Exam* *Indicate Yes or No*
 |  |
| Completed 3 Minute Thesis*(Applicable for AY 2019 onwards)** *Indicate Yes or No*
 |  |
| Completed Communication Courses*(Applicable for AY 2019 onwards)** *Indicate Yes or No*
 |  |
| No. of GAP Hours Fulfilled/Total No. to Fulfilled |  |
| Expected Thesis Submission Date*(Applicable to Year 4 students)* |  |
| How did you know of the organisation and secure the placement?* *Indicate Self-Sourced or CAO*
 |  |
| Pathway* *Indicate* ***Professional Graduate Internship*** *or* ***Internship Leave***
 |  |

1. Declaration by Student (To be completed by Student)

|  |  |  |
| --- | --- | --- |
| Please tick √ | Yes | No |
| I have no immediate family members, close relatives, or friends either working in the organisation, or is/are director(s) or substantial shareholder(s) of the organisation, and/or I am not associated with the organisation in any way that may give rise to conflict of interest. |   |   |
| I accept that the decision for me to take up this internship placement secured is subject to the final approval by my School and Graduate College. If I have accepted another offer, this self-sourced application will be voided. |   |   |
| I am covered by NTU Group Personal Accident Insurance or my own Personal Accident Insurance coverage. |   |   |
| I understand that any false declaration made by me will lead to disciplinary action (including, and not limited to, failing my internship, suspension or expulsion from NTU) regardless of whether it is found out before, during or after the internship.  |   |   |
| If you had answered “NO” to any of the above, please elaborate:  |

I declare that the above information provided are true and accurate.

Date:

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

**Signature**

1. Organisation Details (To be completed by Organisation)

|  |  |
| --- | --- |
| Internship Organisation Name: |  |
| Internship Organisation UEN: |  |
| Organisation Address: |  |
| Organisation URL**:** |  |
| Brief description of Organisation’s business activities**:** |  |
| Industry Classification:  |  |
| Monthly Internship Allowance (CPF exempted): |  |

**Organisation Co-ordinator Details:**

|  |  |
| --- | --- |
| Name of Internship Coordinator / HR Personnel: |  |
| Designation: |  |
| Department: |  |
| Email: |  |
| Contact Number: |  |

**Internship Organisation Supervisor Details:**

|  |  |
| --- | --- |
| Name: |  |
| Designation: |  |
| Department: |  |
| Contact No.: |  |
| Email:  |  |

|  |
| --- |
| Declaration by Organisation – Please Tick (√) |
| The number of employees in our organisation is at least 3.  | Yes | No |
| The student will be attached to a proper office setup and not one that operates from home or virtual office. |   |   |
| Our organisation has a paid-up capital of at least $10,000.  |   |   |
| Our organisation has been in operations for at least two years.  |   |   |
| Our organisation is not an independent financial consultancy / insurance agency. |   |   |
| Our organisation has at least one full-time staff who possesses the competencies/experience, and commitment to provide guidance to the student. |  X  |   |
| Our organisation is able to provide supervision on the student during the internship. |   |   |
| The student is not associated with our organisation and has no immediate family members, close relatives or friends either working in the organisation or is/are director(s) or substantial shareholder(s) of the organisation or otherwise which may give rise to conflicts of interest. |   |   |
| If you had chosen “NO” to any of the above, please elaborate:  |

1. Internship Details (To be completed by Organisation)

We would like to offer the following internship opportunity to the above student, for the period from

Click or tap here to enter text..

|  |
| --- |
| Internship Title: |
|  |
| Internship Scope:Please describe briefly the main work area(s) which the student(s) will be involved in and the objective(s) or target(s) for student(s) to achieve. |
|   |
| Prerequisites/Requirements: |
|   |
| Skills developed through this internship: |
|   |
| Internship Location Address (if different from the Organisation Address): |
|  |
| Reporting Instructions: |
| Reporting Officer on 1st day of reporting: Date of reporting: Time of reporting: Working hours (State actual working days/hours): Dress code: Special Instructions to students, if any:  |

I declare that the above information provided are true and accurate.

Name :

Date :

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

**Signature**

1. Approval by NTU Supervisor (To be completed by NTU Faculty Supervisor)

|  |
| --- |
| [ ]  Supported[ ]  Not SupportedComments (if any) : Name : Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature** |

1. Approval by School Chair (To be completed by School Chair or his/her Delegate)

|  |
| --- |
| [ ]  Recommended[ ]  Not RecommendedComments (if any) : Name : Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature** |

1. Approval by Academic College Dean (To be completed by Academic College Dean or his/her Delegate)

|  |
| --- |
| [ ]  Approved[ ]  Not ApprovedComments (if any) : Name : Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature** |

1. Approval by Graduate College Dean (To be completed by Graduate College Dean)

|  |
| --- |
| [ ]  Approved[ ]  Not ApprovedComments (if any) : Date: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature** |

1. To Office of Academic Services

For records and follow-up.