THE UNIVERSITY OF HONG KONG FACULTY OF SOCIAL SCIENCES

Application for Local Internship Supporting Letter for Non-local Students

Applicants should complete all parts below and submit the completed form together with all relevant supporting documents^{*} to the Office of the Faculty of Social Sciences <u>eight weeks</u> before the commencement of the internship. Applications without valid justification and supporting documents will not be processed.

Part A: Personal Particulars

| Full Name: | Miss/Mr. | |
|--------------------|----------------------|--------------------|
| University Number: | 303 | Curriculum & Year: |
| Date of Birth: | (Day) (Month) (Year) | Contact Number: |

Part B: Internship Details

| Company Name: | | |
|--------------------------|---|--------------------|
| Job Title: | | |
| Employment Period: | Salary (if applicable): | HKD |
| Related Field of Study: | (Must be one of your decl | lared major/minor) |
| Please explain below how | the internship is study/curriculum-related: | |
| | | |
| | | |
| | | |

Part C: Student Declaration

- □ I declare that the above internship is study/curriculum-related and be arranged or endorsed by the institution I am studying in;
- □ I declare that the total duration of internship(s) I have taken (including the above one) is up to one academic year, or one-third of the normal duration of the relevant full-time academic programme, whichever is the shorter.
- □ I understand that if I am employed with remunerations below the statutory minimum wage, I should follow the general procedures to obtain the relevant "Confirmation". For details, please visit: <u>https://www.labour.gov.hk/eng/news/mwo.htm.</u>
- □ I understand that NOL application must be completed in advance of the internship employment period.

Part D: Checklist

- □ Signed Employment Contract with company chop
- \Box Self-Declaration (<u>Annex I</u>) for Mainland students only
- □ Others, please specify: _____

Student's Signature: Date:

Remarks:

* Relevant supporting documents include but not limited to the offer / signed contact (with company chop) of your internship indicating the internship period and detailed job descriptions. Mainland students should also submit a Self-Declaration (<u>Annex I</u>) for verification.

| | Date: Please complete and return the form to us after endorsem |
|--|---|
| - · | Dean (Undergraduate Education) / Head(s) / Director(s) / / BJ / BPsych / BSW) of Department / School / Centre* |
| То: | |
| I confirm that the internship is | / is NOT* study/ curriculum-related. |
| Recommendation (if any): | |
| | |
| | |
| |) |
| (E2: To be completed by Associate Programme Director (BASc / |) |
| (E2: To be completed by Associate Programme Director (BASc / To: |) Dean (Undergraduate Education) / Head(s) / Director(s) / / BJ / BPsych / BSW) of Department / School / Centre * |
| (|) Dean (Undergraduate Education) / Head(s) / Director(s) / / BJ / BPsych / BSW) of Department / School / Centre * |
| (|) Dean (Undergraduate Education) / Head(s) / Director(s) / / BJ / BPsych / BSW) of Department / School / Centre * / is NOT* study/ curriculum-related. |
| E2: To be completed by Associate Programme Director (BASc / To: |) |

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To: Director of Immigration:

I write to apply for the no-objection letter for taking up study-related internship.

| Name | : | |
|---------------|---|--|
| HKID | : | |
| School | : | |
| Limit of stay | : | |

I confirmed that the total duration of the internship(s) taken up by myself (including internship(s) completed before and the one being applied for) does not exceed one year or one-third of the normal study duration, whichever is shorter.

- In submitting this application to the Immigration Department of the Hong Kong Special Administrative Region, I declare the following:
- (i) I consent to the making of any enquiries necessary for the processing of this application.
- (ii) I consent to provide my e-mail address as communication mean for receiving the reissued NOL.
- (iii) All information given in this application form is correct, complete and true to the best of my knowledge and belief.

| | | | Signature | e: | |
|----|---------|-------|-----------|----|--|
| | | | Date | : | |
| HK | contact | phone | number | : | |
| | | | Email | : | |
| | | | | | |