

**SCHOOL OF LANGUAGES, LITERACIES AND TRANSLATION,
UNIVERSITI SAINS MALAYSIA
BACHELOR OF ARTS (HONS.) ENGLISH FOR PROFESSIONALS**

INDUSTRIAL TRAINING (LEM 300)

STUDENT'S DETAILS

(to be completed by the student for the organisation)

Name :

I/C No. :

Matric No. :

Address :
(during internship)

Mobile No. :

Email :

Contact Person :
(SoLLaT)

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EMPLOYER'S CONSENT FORM

(to be completed by the employer for the School of Languages, Literacies and Translation)

INTERNSHIP DURATION

(eight weeks)

From (Date):

To (Date):

Supervisor :
(at the organisation)

Name of :
Organisation

Organisation's :
Address

Phone No. :

Email :

Student's Name :

NOTE TO EMPLOYER

Please complete this form and return it to:

Shaidatul Akma Adi Kasuma
Programme Chairperson
B.A. (Hons.) English for Professionals
School of Languages, Literacies and Translation
Universiti Sains Malaysia
11800 Pulau Pinang
E-mail : shaidatul@usm.my
Phone No. : +(6)04 653 3254