

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

**INDUSTRIAL TRAINING (LEM 300)**

**COMPANY / ORGANISATION INFORMATION FORM  
(BORANG MAKLUMAT SYARIKAT / ORGANISASI)**

1. **Year of Collaboration** :
2. **Name of Company / Organisation** :
3. **Address** :
4. **Country** :
5. **Email** :
6. **Classification of Companies/ Organisation**

**(Please select (√) one):**

<input type="checkbox"/>	Accommodation & Food Service Activities
<input type="checkbox"/>	Administrative & Support Service
<input type="checkbox"/>	Agriculture & Forestry
<input type="checkbox"/>	Arts, Entertainment, & Recreation
<input type="checkbox"/>	Construction
<input type="checkbox"/>	Education
<input type="checkbox"/>	Electricity, Gas, Steam, & Air Conditioning Supply
<input type="checkbox"/>	Financial & Insurance Activities
<input type="checkbox"/>	Fishing
<input type="checkbox"/>	Human Health
<input type="checkbox"/>	Information & Communication
<input type="checkbox"/>	Manufacturing
<input type="checkbox"/>	Mining & Quarrying
<input type="checkbox"/>	Professional
<input type="checkbox"/>	Public Administrative & Defence
<input type="checkbox"/>	Real Estate Activities & Leasing
<input type="checkbox"/>	Repair of Motor Vehicles & Motorcycles
<input type="checkbox"/>	Scientific & Technical
<input type="checkbox"/>	Security
<input type="checkbox"/>	Sewage, Waste Management, & Remediation Activities
<input type="checkbox"/>	Social Work Services
<input type="checkbox"/>	Transportation & Storage
<input type="checkbox"/>	Water Supply
<input type="checkbox"/>	Wholesale & Retail Trade
<input type="checkbox"/>	Other Services: .....

6. **Type of Collaboration:**

<input type="checkbox"/>	Academic Staff Attachment
<input type="checkbox"/>	APUCEN
<input type="checkbox"/>	Community Engagement Project
<input type="checkbox"/>	Gifts & Endowment
<input type="checkbox"/>	Industry Engagement Project
<input type="checkbox"/>	Industry/ Community Advisory Panel
<input type="checkbox"/>	Knowledge Transfer
<input type="checkbox"/>	MoU/ MoA/ NDA
<input type="checkbox"/>	Prize/ Award
<input type="checkbox"/>	Scholarship
<input type="checkbox"/>	Student Internship
<input type="checkbox"/>	Talk/ Seminar/ Conference/ Course
<input type="checkbox"/>	Other: .....

7. **CEO/ Director/ Head of Organisation**

Name :

Phone No. :

Email :

8. **Contact Person**

Name :

Designation :

Department :

Phone No. :

Email :

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**NOTE:** Please return this form to Dr. Shaidatul Akma Adi Kasuma, Programme Chairperson, School of Languages, Literacies, and Translation, Universiti Sains Malaysia, 11800 Penang; by hand, post or email at [shaidatul@usm.my](mailto:shaidatul@usm.my).