*Amended\_Aug 2024*

**THE UNIVERSITY OF HONG KONG**

**DEPARTMENT OF STATISTICS AND ACTUARIAL SCIENCE**

**STAT4766 Statistics Internship**

**Registration Form**

Please return this form to the Department via email at [ugdoc@hku.hk](mailto:ugdoc@hku.hk) or by fax at 2858-9041

PRIOR to the start date of the internship. Late applications will NOT be accepted.

1. **PERSONAL PARTICULARS** *(\* Please delete as appropriate)*

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| --- | --- | --- | --- | --- | --- | --- |
| Name: |  | ( |  | ) | University No.: |  |

*In English In Chinese*

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| --- | --- | --- | --- |
| Major\*: | Statistics / Risk Management / Decision Analytics | Year: | 1/2/3/4 |

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| --- | --- | --- | --- |
| Email: |  | Mobile No.: |  |

1. **INTERNSHIP INFORMATION** *(^* *Please check as appropriate)*

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| --- | --- |
| Company name: |  |

|  |  |
| --- | --- |
| Address: |  |

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| --- | --- | --- | --- | --- | --- |
| Job position: |  | Internship period: |  | - |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Mode^: | Full-time | Part-time | Total no. of working days: |  |  | Total no. of working hours: |  |

Job description: *(Please attach additional sheets if necessary)*

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Your goals in this internship: *(Please attach additional sheets if necessary)*

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1. **CHECKLIST BEFORE SUBMISSION** (please check each box accordingly)

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| Passed at least 24 credits of advanced level courses in the primary major curriculum |
| Normally the internship should start no earlier than your year 3 study |
| Internship with at least 160 hours for work (lunch hour excluded) in at least 20 working days |
| Contract / appointment letter / other forms of employment evidence attached |
| I checked that I have already fulfilled the enrolment requirements, including but not limited to the course pre-requisites. I understand that the contrary will render the application unsuccessful or have the enrolment withdrawn. |
| I confirmed that I did not use another internship to apply for STAT4766 this semester. |
| I confirmed that this internship is not offered by CEDARS (STEM Internship Scheme). |
| |  |  |  |  | | --- | --- | --- | --- | | Signature: |  | Date: |  | |

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| **FOR OFFICIAL USE** | | | |
| Approved / Rejected by | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*Course Co-ordinator*