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 | N.A |
| 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 an actual or potential 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 for an internship placement, this self-sourced application will be deemed null and void. |   |   |  |
| I am covered by NTU Group Personal Accident Insurance or I have purchased Personal Accident insurance coverage and such insurance coverage will remain in full force and effect for the duration of the internship. |   |   |  |
| I understand and undertake to comply with all rules, requirements, policies, process and procedures as may be prescribed by NTU in connection with and for the purposes of GP7001 Professional Graduate Internship course. |  |  |  |
| I understand that I am not able to withdraw from GP7001 Professional Graduate Internship course during the last month of the internship. Please tick N.A if you are under Internship leave pathway. |  |  |  |
| I understand that a withdraw ("W") grade may be accorded in my transcript for the GP7001 Professional Graduate Internship course if I withdraw no later than 1 month before the end of internship. Please tick N.A if you are under Internship leave pathway. |  |  |  |
| I understand that l need to submit a completed withdrawal form prior to the last day of work. Otherwise, a “Fail” grade would be awarded. Please tick N.A if you are under Internship leave pathway. |  |  |  |
| I undertake that I will not disclose any sensitive or confidential information which belongs to and/or is proprietary to NTU (or any of its colleges, schools, institutes, units and departments) to any third party (including the organisation that I am undertaking the internship with) and that I shall comply full with all statutes, regulations, rules, policies and procedures which are applicable to me.  |  |  |  |
| I acknowledge that I may be privy to and have access to information, documents, materials and data which are proprietary to NTU (including intellectual property rights in materials and data which are owned by and/or licensed to NTU) (“**NTU Materials**”) and in connection with such NTU Materials, I undertake to:1. ensure that no NTU Materials (or any part thereof) are disclosed, shared, transmitted or communicated to any third party (including the organisation that I am undertaking the internship with); and
2. comply with all prevailing statutes, regulations, rules, policies and procedures of NTU (including, without limitation, [NTU’s Policy on Intellectual Property, Technology Transfer and Research Collaborations).](https://www3.ntu.edu.sg/oad2/GA_R/Intellectualpropertypolicy.pdf)
 |  |  |  |
| I understand that any false declaration or non-compliance with any of the undertakings made by me will lead to disciplinary action (including, but not limited to, failing my internship, suspension or expulsion from NTU) or such other action, as NTU deems appropriate, regardless of whether it is found out before, during or after the internship. |  |  |  |
| I have no intention to use publication(s), document(s), report(s) or materials(s) (“**Works**”) the arising from the work performed during the internship for my PhD Research Thesis. If you have intention, please tick ‘No’.*Note: Any request to use the Works for the purposes of your PhD Research Thesis is subject always to the agreement of the organisation in which you are undertaking your internship at. There is no assurance that consent or approval will be granted by the organisation. A separate agreement will be needed as well.* |  |  |  |
| If you had answered “NO” to any of the above, please elaborate:  |

I declare that the above information provided is true and accurate and I undertake to comply with the conditions and undertakings set out above.

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 (√) | Yes | No |
| The number of employees in our organisation is at least 3.  |  |  |
| 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. |   |   |
| 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. |   |   |
| Our organisation acknowledges and confirms that:1. the student will be allowed to use, incorporate, modify, amend, publish, reproduce or distribute any and all publication(s), document(s), report(s) or material(s) arising from the internship in his/her PhD Research Thesis; and
2. in connection with (a), the student will be entitled to grant such other parties (including NTU) a right to use, publish, reproduce or distribute the PhD Research Thesis worldwide.
 |  |  |
| 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 or his/her Delegate)

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

1. To Office of Academic Services

For records and follow-up.