

LETTER OF APPOINTMENT



To **Co-Op Coordinator / Head of Programme (HoP) / Head of Department (HoD)**

<Faculty>

UCSI University Kuala Lumpur Campus

UCSI Education Sdn. Bhd. (185479-U)

Fax: 03-9102 3606

Tel: 03-9101 8880

From Name: Job Title:

Company:

Address:

Tel. No:

Fax No:

Email:

Website:

We hereby confirm that the following student has been accepted to undergo practical training in our organization
from _____ to _____

Student Name	
Student ID	
Programme	
Company / Industry Name	
Department & Designation	
Name of supervisor (reporting to)	
Working hours	
Allowance (if applicable)	
Duties & responsibilities	1) 2) 3) 4) 5)

(Signature of company representative)

Date:

Name of signatory above:

Company Stamp:

FORM/SAA-CPAR-10/02

Rev.01, Effective 20 Nov 2024

This portion to be completed by relevant UCSI University student

STUDENT DECLARATION

I hereby agree to abide by the terms & conditions as stated in
this Letter of Appointment.

(Signature)

Date:

Name:

Student ID: