

# 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 / <b>Industry</b> Name	
Department & <b>Designation</b>	
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/AD-20/02  
Rev.00, Effective 16 Jan 2018

*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: