



澳門大學  
UNIVERSIDADE DE MACAU  
UNIVERSITY OF MACAU

**Internship Partner Registration Form**  
Faculty of Science and Technology

|                 |  |
|-----------------|--|
| Organisation:   |  |
| Contact Person: |  |
| Contact No.:    |  |
| Email:          |  |

Offering internship next summer between June 1 and July 31, 2024.

| #      | No. of Vacancy | Applicable Profession   | Office Day | Office Hour | Subsidy |
|--------|----------------|---|------------|-------------|---------|
| Post 1 |                | <input type="checkbox"/> CEE / <input type="checkbox"/> CIS / <input type="checkbox"/> ECE / <input type="checkbox"/> EME |            |             |         |
| Post 2 |                | <input type="checkbox"/> CEE / <input type="checkbox"/> CIS / <input type="checkbox"/> ECE / <input type="checkbox"/> EME |            |             |         |
| Post 3 |                | <input type="checkbox"/> CEE / <input type="checkbox"/> CIS / <input type="checkbox"/> ECE / <input type="checkbox"/> EME |            |             |         |
| Post 4 |                | <input type="checkbox"/> CEE / <input type="checkbox"/> CIS / <input type="checkbox"/> ECE / <input type="checkbox"/> EME |            |             |         |
| Post 5 |                | <input type="checkbox"/> CEE / <input type="checkbox"/> CIS / <input type="checkbox"/> ECE / <input type="checkbox"/> EME |            |             |         |
| ...    |                |   |            |             |         |

Part-time employee recruitment

| #      | No. of Vacancy | Applicable Profession   | Office Day | Office Hour | Subsidy |
|--------|----------------|---|------------|-------------|---------|
| Post 1 |                | <input type="checkbox"/> CEE / <input type="checkbox"/> CIS / <input type="checkbox"/> ECE / <input type="checkbox"/> EME |            |             |         |
| Post 2 |                | <input type="checkbox"/> CEE / <input type="checkbox"/> CIS / <input type="checkbox"/> ECE / <input type="checkbox"/> EME |            |             |         |
| Post 3 |                | <input type="checkbox"/> CEE / <input type="checkbox"/> CIS / <input type="checkbox"/> ECE / <input type="checkbox"/> EME |            |             |         |
| Post 4 |                | <input type="checkbox"/> CEE / <input type="checkbox"/> CIS / <input type="checkbox"/> ECE / <input type="checkbox"/> EME |            |             |         |
| Post 5 |                | <input type="checkbox"/> CEE / <input type="checkbox"/> CIS / <input type="checkbox"/> ECE / <input type="checkbox"/> EME |            |             |         |
| ...    |                |   |            |             |         |

Please email the completed form to Dr. Kehn Wong at [hcwong@um.edu.mo](mailto:hcwong@um.edu.mo).