

LETTER OF CONSENT EQUIVALENT MODULE FOR INTERNSHIP

- This form is applicable to SP student who is undertaking an equivalent module for internship (“Module”).
- This form must be duly signed and submitted to the respective School Senior Liaison Officer (“SLO”), at least 4 weeks before the commencement of the Module.
- Student who is under 21 years old must obtain consent from his/her Parents/Guardian.
- SLO has to duly inform the student that student will not be able to opt-out of this arrangement after giving consent.
- This Letter of Consent shall be governed by and construed in all respects in accordance with the laws of Singapore and the parties to this Letter of Consent hereby submit to the non-exclusive jurisdiction of the Singapore Courts.

All information collected in this form will be kept strictly confidential and used only for the purpose of evaluating or administration of internship activities by Singapore Polytechnic and/or conducting of internship activities by Module participants.

1. STUDENT INFORMATION

Name of Student	
Admission No.	
Course Title / Year	
Date of Birth	
Contact No.	

2. STUDENT ACKNOWLEDGEMENT AND CONSENT

I (Name as in NRIC/Passport), _____, of Student Administration No. _____, confirm that I fully understand the nature and tasks of the Equivalent Module for Internship (“Module”). As this module is not an Internship programme, I am also fully aware that I will not be receiving any allowance or payment of any kind for the duration of the Module.

I understand that I need to be financially and socially independent. I undertake not to hold SP responsible or liable for the lack of allowance given for my work done in the course of the Module.

 Signature of Student

 Date

3. PARENT/GUARDIAN’S CONSENT (Applicable to Student under 21 years old)

I (Name as in NRIC/Passport), _____, the *father / mother / guardian, holder of *NRIC /Passport No. _____ give consent for my *child / ward (Name as in NRIC/Passport), _____, to participate in the SP Internship Equivalent Module (“Module”).

I confirm that I fully understand the nature and tasks of the Module. I am also fully aware that this Module is not an Internship programme and as such, no allowance or payment of any kind will be given to my *child / ward for the duration of Module and will not hold SP responsible or liable for the lack of allowance.

 Signature of * Parent/ Guardian

 Date