**RESHC Student Participation Record**

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| --- | --- |
| Student name: |  |
| Student no.: |  |
| RESHC Project Reference No: |  |
| Required monthly internship hours: |  |
| Completed no. of internship hours (this month): |  |
| ※If you cannot fulfill the required monthly internship hour, you are REQUIRED to notify the HC General Office by email with sound justification (cc the email to your Project Mentor and Faculty Coordinator) to further process your monthly stipend. Please note that your stipend will not be able to process only until sound justification is received.  ※ A participation certificate to this RESHC programme will be issued to students who have completed at least 80% of the entire research internship hours. | |

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| **Participation Record** | | | | |
| Date  (dd/mm/yyyy) | Time | | | No. of hours |
| From - To | | |
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| **Total Hours**: | | | |  |
| **※** Declaration: I DECLARE that the information given in this form is correct and true  . | | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Student Signature** | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date** | |