

Application for Off-Campus Internship Program
English Taught Program in International Business, Shih Chien University

Applicant's Name		Date	
Student ID No.		Class	
Address			Telephone
Internship Institution			
Contact information	Telephone: E-mail:	Contact person of internship institution	Position: Name:
Address			
Description of internship program (Job description)			
Internship hours (Daily and weekly working hours of the internship program)	From (Month) (Day) (year) To (Month) (Day) (year)	Will be working ___ hours weekly Will be working ___ hours daily Will be working for ___ months _____ hours in total Hourly wage ___ NTD Monthly salary ___ NTD	
Signed by the supervisor of internship institution (Shall be treated as the Letter of Consent signed by Supervisor)			
Internship duration	<input type="checkbox"/> Fall semester: ~ (month) <input type="checkbox"/> Spring semester: ~ (month) <input type="checkbox"/> Winter vacation/summer vacation: ~ (month)		
Internship courses	<input type="checkbox"/> Internship (1) <input type="checkbox"/> Internship (4) <input type="checkbox"/> Internship (2) <input type="checkbox"/> Internship (5) <input type="checkbox"/> Internship (3) <input type="checkbox"/> Internship (6)		
Other documents:	<input type="checkbox"/> Declaration <input type="checkbox"/> Photocopy of internship institution's business registration certificate <input type="checkbox"/> Labor insurance, accident insurance, etc.		
Signed by intern	Signed by intern's parent	Signed by teacher- counselor	Signed by department director

(Date)