

**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)

**Parental Consent for Off-Campus Internship Program  
English Taught Program in International Business, Shih Chien University**

Student's name: \_\_\_\_\_ Class :  A  B Student's ID NO.

Name of internship institution: \_\_\_\_\_ Contact person: \_\_\_\_\_

Company location: \_\_\_\_\_

Company telephone No.: \_\_\_\_\_

Content and nature of work: \_\_\_\_\_

Weekly working hours: \_\_\_\_\_

Student's phone No.:(1)\_\_\_\_\_ (2)\_\_\_\_\_ Email: \_\_\_\_\_

Student's address: \_\_\_\_\_

Parent's telephone No.: (1)\_\_\_\_\_ (2)\_\_\_\_\_ Email : \_\_\_\_\_

Parent's address: \_\_\_\_\_

Parent's relationship with student:

The undersigned \_\_\_\_\_ (Signature and chop) have thoroughly read the Guideline for Internship Program, English Taught Program in International Business of Shih Chien University, has fully understood the operating method of the internship program together with the rights and obligations associated with the program, has approved \_\_\_\_\_ (Student's name) to participate in the internship program, and has agreed to make sure that the Student shall abide by all regulations pertinent to the internship program and shall keep in close contact with the University.

**\*\*IMPORTANT NOTICE for students: This form MUST be filled out and signed by parents personally. Forged signature shall be construed as an offense of criminal law regarding forged document.**