

**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.**