

National Taipei University of Technology

Basic Information Form for Off-Campus Internship Providers

Serial number	(do not fill)		
Company name			
Guild member	<input type="checkbox"/> Yes, Guild: _____ <input type="checkbox"/> No		
Internship duration (dd/mm/yy)	From _____ to _____		
Person in charge		Tax ID no.	
Contact person		Title	
Telephone no.	()	Fax no.	
Company address	□□□		
E-mail			
Company introduction & website			
Business scope			
Annual turnover		Number of employees	
board and lodging	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____	Time-off policy	
Insurance for student interns	<input type="checkbox"/> Labor insurance <input type="checkbox"/> Health insurance <input type="checkbox"/> Group insurance	Transportation	<input type="checkbox"/> None <input type="checkbox"/> Shuttle bus <input type="checkbox"/> Other _____
Department/institute requirements	Location and scope of work (Brief description)	Number of persons	Stipend
	County/City: Work:		<input type="checkbox"/> Salary <input type="checkbox"/> Hourly wage <input type="checkbox"/> Other _____
	County/City: Work:		<input type="checkbox"/> Salary <input type="checkbox"/> Hourly wage <input type="checkbox"/> Other _____

	County/City:		<input type="checkbox"/> Salary <input type="checkbox"/> Hourly wage <input type="checkbox"/> Other _____	
Internship cooperation initiator	Work: <ul style="list-style-type: none"> <input type="checkbox"/> Application by company <input type="checkbox"/> Recommendation by teacher, Mr./Ms. _____ <input type="checkbox"/> Application by student, _____ <input type="checkbox"/> Recommendation by the Alumni Liaison Center <input type="checkbox"/> Recommendation by the Office of Industry–Academia Cooperation <input type="checkbox"/> Recommendation by the Alumni National Association <input type="checkbox"/> Other: _____ 			

Procedure of completing Form-1: Alumni Liaison Center, the Office of Industry–Academia Cooperation, the Alumni National Association, department / institute teachers, students, companies, the Office of Research and Development → Original copy retained by departments / institutes → Duplicate sent to the Office of Research and Development.