

Form-7

Name List of
Taipei Tech

Summer
 ___ Semester(Full time)
 Academic Year
 ___ Semester(part-time)

Off-Campus Internships in the _____ Academic Year of

Department/Institute: _____

No.	Name	Student ID no.	Class	Internship provider	Internship location (county/city)	Phone no. of the internship provider	Phone no. of the student	Emergency contact person/phone no.	Teacher-counselor	Ext. of the Teacher-counselor

Department Chair/Institute Director (signature): _____