Form-5-1

For On-Site Visits

National Taipei University of Technology
Records of Off-Campus Internship Visits

Visited Internship Provider:	**Visiting department/institute (University):**
Location of the Provider:	**Visiting person (University)**:
Name of the Intern:	**Date of visit:** **_____ (am/pm) _____ (dd/mm/yy)**

Records of the visit	1. 2. (Add new lines if needed)
Supporting photos of the visit	● Photo 1: ● Photo 2:

- The visit records shall not exceed 2 pages. The original copy of the records shall be retained by the college and department/institute of the intern, and an electronic copy shall be sent to the Office of Research and Development for future review.