

國立中興大學台灣人文創新學士學位學程
學生自洽校外實習單位申請表暨實習單位同意書

National Chung Hsing University

Bachelor Program in Taiwan Humanities and Creativity

Student-Self-Arranged Off-Campus Internship Application Form and Internship Provider
Consent Agreement

實習生姓名 Name		申請年月日 Application Date	
年級 Academic Year		學號 Student ID	
實習單位資訊 Internship Unit Information	機構全稱 Full Name of the Institution		
	立案統編 Registration Number		
	負責人 Person in Charge		
	機構地址 Institution Address		
	機構電話 Institution Telephone Number		
	機構網址 Institution Website		
	實習部門 Internship Department		
實習業務聯絡人 Internship Business Contact Person	姓名 name		
	部門 / 職稱 Department		
	連絡電話 Contact Number		
	電子信箱 Email Address		
實習期間 Internship Period	_____年_____月_____日至 _____年 _____月_____日止； 共計約_____小時 From _____ (Year) _____ (Month) _____ (Day) to _____ (Year) _____ (Month) _____ (Day);		

	Total approximately _____ hours.
實習內容概述 Summary of Internship Content	
實習生簽名 Intern's Signature	

實習單位同意書 Internship Organization Agreement	茲確認並同意上述實習相關內容。 Hereby confirm and agree to the above-mentioned internship-related content. 實習單位全稱：_____ (請加蓋公司章) Full Name of the Internship Organization 負責人或代理人：_____ (簽章) Person in Charge or Representative 實習業務聯絡人：_____ (簽章) Internship Business Contact Person 中華民國_____年_____月_____日(Date)
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◎ 本表由實習生與實習單位雙方簽名確認，始得開始實習。

This form must be signed by both the intern and the internship organization before the internship can commence.

◎ 本學程聯絡電話：(04)-22850930#315，電子信箱：creativity@dragon.nchu.edu.tw。

(以下由本學程填寫) (To be filled out by the program.)

學程主任審核 Program Director Review	<input type="checkbox"/> 同意實習 Agree to the Internship <input type="checkbox"/> 不同意實習 Do Not Agree to the Internship
學程主任簽名 Program Director's Signature	_____年(Year)_____月(Month)_____日(Day)