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| **Internship Program Outcome Report** | | | | | | |
| **Title** | | | | | | |
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| **Employment Informaion** | | | | | | |
| Name of Institution |  | | Employed Department |  | | |
| Employment period | Start date | End date | | days  ( weeks) | 40 hr. work week  (5 days a week, 8 hours/day) | |
| / / | / / | |
| **Graduation Research Substitution** | | | | | |
| □ Recognized (\_\_\_\_\_\_\_credits) □ Unrecognized  ※ 1 credit for 4 weeks or more, 2 credits for 6 weeks or more, 3 credits for 8 weeks or more.  ※ For students who have earned 1 or 2 credits for graduation study, 1 or 2 credits for individual studies will be replaced with 3 credits for graduation studies upon receipt of the graduation study as an internship. | | | | | |
| I hereby submit the following Outcome Report  as I have participated in the Internship Program as above  **\_\_\_\_\_\_\_\_\_(Year) \_\_\_\_\_(Month) \_\_\_\_\_(Day)**  Dept.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Signature)  Attachment: Internship Program Outcome Report | | | | | | |

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| **Summary**  **(Brief summary by practice schedule, Within 3 sheets of A4 paper)** |
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| **Outcome Report**  **(More than 10 sheets of A4 paper)** |
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| **Review and Suggestion**  **(More than 1 sheet of A4 paper)** |
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