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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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