**Department of International Business Administration**

**I-Shou University International College**

**Industry Internship Application Form**

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| --- | --- | --- |
| Full Name in English 英文姓名 | Full Name in Chinese 中文姓名 | Photo照片 |
| Student ID學號 |  | Age 18 or above年滿18歲或以上 | □ Yes 是□ No 否 |
| Sex性別 | □ M 男 □ F 女 | ID Number身份證字號 |  |
| Class班級 |  | E-mail電郵 |  |
| Address地址 |  |
| Application Date申請日期 | (YY/MM/DD) | Tel電話 | Home |
| Cell Phone |

Type of Internship Organization實習機構類型:

Name of Internship Organization實習機構名稱:

Tax ID number實習機構統一編號:

Internship Department實習部門:

Institution address實習機構地址:

Internship Position & Title實習職位及職稱:

Contact person聯絡人: Title職稱:

Contact number聯絡電話: Fax傳真:

Internship date實習日期: From自(mm/dd/yyyy) to至

Total Internship Duration實習總時數: days日 hours小時

Internship content實習內容:

1.

2.

3.

**Supervisor:**

Company Information實習機構資料

What is the company size? Is it a local or international company? Is it related to management or marketing? Does the company provide formal and systematic training for interns?

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Internship Objectives and Expectations實習目的及期望

What management skills do you expect to learn from the internship? What course(s) have you taken from school and how would those experiences apply on your internship?

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***Submit this completed form with your supervisor's signature to the IBA Office every semester before week 9.***

Student’s Signature學生簽名: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Application Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 申請日期 (MM月/DD日/YYYY年)

Approved by

Supervisor’s Signature指導老師簽名: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date日期:

|  |
| --- |
|  **To Be Completed by IBA Faculty Only**Pre-approval: □ Approved / □ Denied Based on:Reviewed by: Date: |

**Industry Internship**

**Department of International Business Administration**

**International College, I-Shou University**

**Parental Consent**

**家長同意書**

Student’s name (English and Chinese)學生姓名(英文及中文) student ID學號: \_\_\_\_\_\_\_\_\_\_\_\_\_ agrees to do a vocational internship during his or her summer or winter vacations. During the internship, he/she agrees to obey all regulations associated with the vocational internship, including those of the internship organization as those of well as the university. 同意於暑假或寒假期間從事企業實習，於實習期間，學生必須遵守實習機構及本校一切規範。

Internship Organization實習機構:

Internship Department實習部門:

Internship Dates實習日期: From自 to至

Student’s Signature學生簽名: Date日期:

Parent’s Signature家長簽名: Date日期:

**For parents only家長必填:**

I(本人), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ fully understand that by taking the internship my child can enroll in only 9 credits per semester and thus may take longer than four years to graduate.

已充分了解，從事業界實習期間，敝子弟每學期僅能選修9個學分，因此可能延長其修業年限，無法在四年內畢業。

Parent’s Signature家長簽名: Date日期:

(Parents or guardian must sign this consent themselves. Failure to do so will render the Industry Internship credits void).

(家長或監護人必須親自簽署此同意書；若未簽署，實習學分不予承認)

**Industry Internship Insurance Notification**

**Department of International Business Administration**

**International College, I-Shou University**

Dear Parents親愛的家長:

In order to protect your child during off-campus internship, please help your child to find suitable insurance coverage. You can do so by ticking the boxes below. This information will allow the IBA department to understand students’ insurance coverage. Please tick one of boxes below. 為確保 貴子弟參與業界實習課程的安全，請協助 貴子弟選購合適的保險。本通知書旨在協助本系了解學生的投保情況，煩請於以下適當空格內勾選。謝謝!

□ I/we will find our own insurance for our child**（Please attach your insurance policy to this form）.** 我(們)會自行替學生投保(請附上保險單)

□ I will entrust ISU to provide insurance for my child**（Insured for 1 million NT; students must pay their own insurance fee）.** 委託本校(義守大學)投保(投保金額為新台幣一百萬元；但學生須自行負擔保險費用)

Student’s Name學生姓名： Year年級：

Student’s ID學生學號：

Parent’s Signature家長簽名：

**（Departmental Seal）**