



文藻外語大學

WENZAO URSULINE UNIVERSITY OF LANGUAGES

**Student's Internship Plan of
Wenzao Ursuline University of Languages**

Name of Internship Course :

Name of Internship Institution :

Internship Period :

from _____ / _____ / _____ to _____ / _____ / _____ (yy/mm/dd)

(The dates above in accord with those on the internship contract)

Name of Intern Student :

Name of Intern Tutor :

Name of Master in Internship Institution :

_____ (AD Year) / _____ (Month) / _____ (Date)

Department (Graduate Institute)	Student ID Number	Amount of Credits
Internship Course Objectives (Offered by the intern tutor)		
Position & Job Specification (The same as those in the internship contract)	Position : (e.g., tour guide)	
	Job Specification : (e.g., guiding tourists, explaining park facilities or sorting data)	
Schedule Planning of Internship Learning (Filled in according to the months, weeks, and dates specified in the job contents and duties of internship)		
<input type="checkbox"/> ___/___/___/ (yy/mm/dd) <input type="checkbox"/> Week ___ (From ___/___/ to ___/___/ (mm/dd) <input type="checkbox"/> ___/___/ (yy /mm)	e.g., the skills of learning to guide tourists on the front counter (Schedule planning of internship learning filled in according to internship objectives)	
<input type="checkbox"/> ___/___/___/ (yy/mm/dd) <input type="checkbox"/> Week ___ (From ___/___/ to ___/___/ (mm/dd) <input type="checkbox"/> ___/___/ (yy /mm)		
<input type="checkbox"/> ___/___/___/ (yy/mm/dd) <input type="checkbox"/> Week ___ (From ___/___/ to ___/___/ (mm/dd) <input type="checkbox"/> ___/___/ (yy /mm)		
<input type="checkbox"/> ___/___/___/ (yy/mm/dd) <input type="checkbox"/> Week ___ (From ___/___/ to ___/___/ (mm/dd) <input type="checkbox"/> ___/___/ (yy /mm)		

<input type="checkbox"/> ____/____/____/ (yy/mm/dd) <input type="checkbox"/> Week ____ (From ____/____/ to ____/____/ (mm/dd) <input type="checkbox"/> ____/____/ (yy /mm)	
<input type="checkbox"/> ____/____/____/ (yy/mm/dd) <input type="checkbox"/> Week ____ (From ____/____/ to ____/____/ (mm/dd) <input type="checkbox"/> ____/____/ (yy /mm)	
<input type="checkbox"/> ____/____/____/ (yy/mm/dd) <input type="checkbox"/> Week ____ (From ____/____/ to ____/____/ (mm/dd) <input type="checkbox"/> ____/____/ (yy /mm)	
<input type="checkbox"/> ____/____/____/ (yy/mm/dd) <input type="checkbox"/> Week ____ (From ____/____/ to ____/____/ (mm/dd) <input type="checkbox"/> ____/____/ (yy /mm)	(Please add form columns on your own if the columns above are not enough.)

Approval Procedures 1→2→3→4

1. Signature of Intern Student		2. Signature of Master in Internship Institution	
3. Signature of Internship Tutor		4-1 Signature of Department Director of Student's Major 4-2 Signature of Department Director of Internship Contract-Signing	

Remarks:

1. The Student's Internship Plan completed through the approval procedures should be kept by the department of Internship contract signing, the intern student, the intern tutor, and the internship institution at the same time, and the department of Internship contract signing should submit the duplicate of the Student's Internship Plan to the Career Development Center after the approval procedures are completed.
2. The related matters in the process of internship are dealt with according to Wenzao Ursuline University of Languages Guidelines for Off-Campus Student Internships and Counseling.
3. The requesting leave and the specification of recognition and discipline regarding off-campus internships are dealt with according to Wenzao Ursuline University of Languages Guidelines for Requesting Leave and Recognition and Discipline of Off-campus Internships.