文藻外語大學
Wenzao Ursuline University of Languages
校外實習課程轉換實習機構或終止實習申請表
Application for Changing Institution/Ceasing Internship

填表日期（Date）：

申請人資料 Applicant's Information				
姓　名 Name	系別班級 Dept./Class	學　號 Student Number	聯絡電話 Phone Number	電子郵件 E-Mail
實習課程類別 Type of Internship Courses	☐ 暑期實習 Summer Break - 課程名稱 Course :_____ ☐ 學期實習 One Semester - 課程名稱 Course:_____ ☐ 學年實習 Academic Year Internship　課程名稱 Course:_____ ☐ 境外實習 Overseas Internship ☐ 職場體驗實習 Workplace Experience Internship			
預計申請 Tentative Application	☐ 轉換實習機構 Change Internship Institution ☐ 終止實習返校修課 Cease Internship and take the course ☐ 休學 Suspension of Studies			
轉換實習機構或停止實習實習原因 Please summarize the reasons to support this application	□實習機構未提供足夠的職前訓練 The host organization failed to provide sufficient pre-job training. □實習與所學或專業不符 The internship does not align with the student's major or professional field. □工作量不合宜（過多或過少） The workload is inappropriate either excessive or insufficient. □輪班方式影響生活作息 The shift schedule negatively impacts the student's daily routine and livelihood. □實習生個人健康因素 The intern's personal health conditions. □實習薪資與投入的勞務不符 The internship compensation does not match the labor and effort invested. □與主管及同仁相處不和睦 Difficulty getting along or poor relationships with supervisors and colleagues □無法融入團隊合作 Inability to integrate into team collaboration. □工作環境不安全 The workplace environment is unsafe. □實習地點交通不便 The internship location is inconveniently located or difficult to commute to. □其他 請敘明原因： Others. Please specify the reason:			

<table>
<tr><td colspan="2">學生簽名：
Intern’s Signature</td><td colspan="3">家長知情簽名：
Parent’s Signature</td></tr>
<tr><td rowspan="2">輔導教師意見
Faculty Supervisor’s Opinion</td><td colspan="4">請敘明原因：Please specify the reason:</td></tr>
<tr><td>處理情形
Action and Resolution</td><td colspan="3">□協助學生轉換實習機構
Assist the student in transferring to another host organization
機構名稱 Organization Name:
轉換機構後實習起訖日期 Internship Start and End Dates After Transfer: From YYYY/MM/DD to YYYY/MM/DD:
□協助學生返校銜接課程
Assist the student in returning to school for bridging courses
修習課程名稱 Course Title:
課程學分數 Course Credits:
□休學 Suspension of studies:

實習輔導教師簽名 Signature：

➢ 敬請實習輔導教師于學生轉換實習機構後持續輔導，並請各系于學生銜接校內課程後追蹤後續修課狀況。
Faculty advisors are kindly requested to provide continuous guidance after students transfer to another host organization. Additionally, all departments are requested to track students' subsequent course-taking status once they return to school for bridging courses.</td></tr>
<tr><td>系(所)主任簽章
Seal of Department Chair</td><td colspan="2"></td><td>院長簽章
Signature of the College Dean</td><td></td></tr>
<tr><td>教務處課務組
Curriculum Division, Office of Academic Affairs</td><td colspan="2"></td><td>教務長 Dean of Academic Affairs</td><td></td></tr>
</table>

備註：本表申請應於該學期開學第六週前提出申請流程

Note: This application must be submitted before the 6th week of the classes in the respective semester.

實習學生→實習輔導教師→所屬系所主任→所屬學院院長→教務處課務組→教務長

Application Process: Intern→Faculty Supervisor→Department Chair→College Dean→Curriculum Division, Office of Academic Affairs→Dean of Academic Affairs

文藻外語大學終止校外實習課程
Wenzao Ursuline University of Languages
實習機構同意書
Application for Changing Institution/Ceasing Internship

茲同意_____同學自_____年_____月_____日起，基於下列原因退出本公司所進行之校外實習課程。

This is to certify that we hereby agree that Student _____ may withdraw from the off-campus internship course at our company starting from (YYYY/MM/DD) _____ due to the following reason(s):

□與機構所需專業不符
The student's skills do not match the professional requirements of the organization.
□無法適應輪班方式
Inability to adapt to the shift work schedule.
□個人健康因素
Personal health conditions.
□與主管及同仁相處不和睦
Difficulty getting along or poor relationships with supervisors and colleagues.
□無法融入團隊合作
Inability to integrate into team collaboration.
□工作態度及效率待改進
Work attitude and efficiency need improvement.
□其他原因
Other reasons:

此致　　文藻外語大學
Submitted to Wenzao Ursuline University of Languages

公司名稱 Host Organization Signatures		實習單位簽章 (請加蓋公司章或單位用章) Host Organization Seal/Stamp (Please affix the company or department seal)	

部門主管 Department Supervisor			
部門主管電話 Department Supervisor's Phone Number			
人事部門主管 HR Department Manager			

學生姓名 Student Name：_____

科 系 所 Department / Graduate Institute：_____

學　　號 Student ID Number：_____

中　華　民　國　　年　　月　　日

文藻外語大學轉換校外實習機構或終止實習課程
Application for Changing Institution/Ceasing Internship
家長知情書
Parental Consent Form

知悉敝子弟_____，學號_____，就讀_____系，
自即日起基於下列原因：
I hereby acknowledge that my child, _____ (Student ID: _____), enrolled in the Department of _____, will, effective from this date, based on the following reason(s):

□與機構所需專業不符
The student's skills do not match the professional requirements of the organization.
□無法適應輪班方式
Inability to adapt to the shift work schedule.
□個人健康因素
Personal health conditions
□與主管及同仁相處不和睦
Difficulty getting along or poor relationships with supervisors and colleagues
□無法融入團隊合作
Inability to integrate into team collaboration.
□工作態度及效率待改進
Work attitude and efficiency need improvement.
□其他原因
Other reasons:：

□ 轉換實實習機構
Transfer of Host Organization / Change of Internship Host
退出_____機構所進行之校外實習課程，而轉至
_____機構進行後續之校外實習課程。
Withdraw from the off-campus internship course at _____ (Host Organization) and transfer to _____ (Host Organization) to continue the subsequent off-campus internship course.

□停止實習課程
Discontinue the Internship Course

退選並停止至_____機構之校外實習課程
Drop the course and discontinue the off-campus internship at _____ (Host Organization).。

此致　　文藻外語大學
To: Wenzao Ursuline University of Languages

家長知情簽名：
Parent's Acknowledgment Signature：

中　華　民　國　　年　　月　　日