**INTERN CONSENT FORM**

This agreement, \_\_\_\_\_\_\_\_\_\_\_(school name)\_\_\_\_\_\_\_\_\_\_\_(department), ＿＿＿＿＿＿(name of person), hereby consent to act as an Intern of (name of the company) effectively from \_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_to\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_.

ORGANIZATION:

ADDRESS:

CONTANT NAME AND PHONE:

TERMS OF INTERN:

TERMS OF PAYMENT：

Representative： \_\_\_\_\_\_\_\_\_\_\_\_  
DATE： \_\_\_\_\_\_\_\_\_\_\_

**實習單位同意書**

茲同意 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (校名) 學生依實習生身分於本單位進行實習，實習期間自 \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ 起至 \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ 止 (月/日/年)。

實習學生名單：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

實習單位名稱：

實習單位地址：

單位連絡人及電話：

代表人簽章：

日期：