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| Name |  | No.　　　　**Internship Records**【For Students Applying for Credit Transfer】 |
| Date :　　　　　　　(Y)　　　　　　(M)　　　　 (D)　　　　（　　　） |
| Name of InternshipInstitution |  | Working HoursStart: End :  |
| Department |  |
| Weekly Plan &Targets |  |
| Tasks and Records |  |

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| Weekly Reflections (Suggestions for Improvements, etc.) |
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|  Topics of Guidance For Internship Instructor(s) ※1　  |
|  | Official Seal / Sign |
|  |

※1. Dear Internship Instructor(s)

 If possible, please kindly complete the 'Topics of Guidance' once a week.