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

|  |  |
| --- | --- |
| Weekly Reflections  (Suggestions for Improvements, etc.) | |
|  | |
| 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.