Appended form 4 (related to Article 7)

Internship Report

Date (month) (day) (year)

To supervisor

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| Confirmation of the person in charge of the internship |[ ]

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| --- | --- | --- | --- | --- | --- |
| Internship Student | Engineering Course | Student ID number  |  | Name |  |
| Round of report: Period | The　　round: form (month)(day)(year) - (month)(day)(year) |
| Names of the Assigned Workplace and the Organization in the Internship Organization |  |
| Person in Charge of the Internship | Title |  | Name |  |
| Messages from the Person in Charge of the Internship (wishes, etc.) |  |

Subject (internship theme)

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Impressions related to safety

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Training contents (contents/ impressions)

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\*In case of a shortage of space for Training Contents (contents/ impressions), use the reverse side of the form.

\*Fill in each of the self-assessment items on the back side also, if necessary.

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| Student number： | Department:  | Name： | Date / /  |
| Self-assessment |
| Write a number(1-5) in a assessment field by your self-assessment for 5 questions to review this mouthVery well(5)，well(4)，ok (3)，not well (2)，terrible(1) | Assessment field  |
| １ | Did you do your best for understanding of your given aim or assignment? |  |
| ２ | Did you use your knowledge or experiences you have learned? |  |
| ３ | Did you do affirmative action like telling your opinion to your adviser? |  |
| ４ | Did you place importance on communication to fit into the company or university? |  |
| ５ | Did you follow the rules(Confidentiality, Internet, Working time) and think about the safety and environments at your work place? |  |
| Write your understanding for your  |
|  |