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**2024 Internship Acceptance Form**

Date (M/D/Y): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

　We will accept students for an internship position under the following conditions:

1.　Name of Institution

　 Address of Institution

2.　Maximum Number of Internship Positions

|  |  |  |
| --- | --- | --- |
| 1．Mechanical Engineering |  | Total |
| 2．Electrical, Electronics and Information Engineering |  |
| 3．Materials Science and Technology |  |
| 4．Civil and Environmental Engineering |  |
| 5．Bioengineering |  |
| 6．Information and Management Systems Engineering |  |

3.　Conditions of Internship (Please Check The Appropriate Box)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Conditions | | Included | Not Included | Details |
| Accommodations | |  |  |  |
| Payment for Accommodations | |  |  |  |
| Women’s Housing | |  |  |  |
| Meal  allowance | Breakfast/Dinner |  |  |  |
| Lunch |  |  |  |
| Round-Trip Airfare | |  |  |  |
| Commuting Fees | |  |  |  |
| Work Clothes | |  |  |  |
| Stipend | |  |  | \_\_\_\_\_\_\_\_ per day/month |
| Insurance (Disaster ; Injury ; Etc) | |  |  |  |
| Use of Institution’s Clinic | |  |  |  |
| E-Mail account | |  |  |  |
| Other（　　　　　　　 　） | |  | | |

4.　Person in Charge of Internship Program (Contact and Correspondence)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Division/Position |  | | | |
| Name |  | E-Mail Address | | |
| Telephone Number | （Extension） | | FAX |  |
| Address |  | | | |

5.　Person to Whom Application Materials and Agreement Form Should Be Sent

　　（Position） 　　　　　　　 　 　　　 　　　 （Name）

|  |  |  |
| --- | --- | --- |
|  |  |  |

6.　What Student, should Bring with Them (If Applicable)

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7.　About Site of Internship (If More Than One Site, Please Describe Each Separately)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Site of Internship |  | | | | | | | | |
| Supervisor | ＊This column MUST be filled in  Position　　　　　　　　　　　　　　　　　 Name | | | | | | | | |
| Address |  | | | | | | | | |
| Number of Possible Positions | Department: 　　; 　　　　　　 Department: 　 ; 　　 Department: | | | | | | | | |
| Duration of Internship | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2024 　　～　　 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2025 | | | | | | | | |
| Person in Charge  (If Different From Section 4) | Position　　　　　　　　　　　　Name　　　　　　　　　E-Mail Address | | | | | | | | |
| Phone Number　　　　　　　　　　　　　（Extension）　　　　FAX | | | | | | | | |
| Accommodations | | Included/  Not Included | | Women’s Housing | | Included/  Not Included | Bedding | | Included/  Not Included |
| Meals (Breakfast/Dinner) | | | Included/  Not Included | | Meals (Lunch) | | | Included/  Not Included | |
| Address of Accommodations | Phone Number | | | | | | | | |
| Address to Send Luggage; Furniture; Etcetera |  | | | | | | | | |
| Date of Entry (Accommodations) | (Month/Day/Hour) | | | | | | | | |
| Date of First Meeting | (Month/Day/Hour) Place： | | | | | | | | |
| Description of Internship (Content; Theme; Etcetera) | | | | | | | | | |

　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　 　№

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Site of Internship |  | | | | | | | | |
| Supervisor | ＊This column MUST be filled in  Position　　　　　　　　　　　　　　　　　 Name | | | | | | | | |
| Address |  | | | | | | | | |
| Number of Possible Positions | Department: 　　; 　　　　　　 Department: 　 ; 　　 Department: | | | | | | | | |
| Duration of Internship | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2024 　　～　　 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2025 | | | | | | | | |
| Person in Charge  (If Different From Section 4) | Position　　　　　　　　　　　　Name　　　　　　　　　E-Mail Address | | | | | | | | |
| Phone Number　　　　　　　　　　　　　（Extension）　　　　FAX | | | | | | | | |
| Accommodations | | Included/  Not Included | | Women’s Housing | | Included/  Not Included | Bedding | | Included/  Not Included |
| Meals (Breakfast/Dinner) | | | Included/  Not Included | | Meals (Lunch) | | | Included/  Not Included | |
| Address of Accommodations | Phone Number | | | | | | | | |
| Address to Send Luggage; Furniture; Etcetera |  | | | | | | | | |
| Date of Entry (Accommodations) | (Month/Day/Hour) | | | | | | | | |
| Date of First Meeting | (Month/Day/Hour) Place： | | | | | | | | |
| Description of Internship (Content; Theme; Etcetera) | | | | | | | | | |